

1972

Criteria for the Evaluation of the Strengths and Weaknesses of Community Speech and Hearing Centers.

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The Louisiana State University and Agricultural and
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CRITERIA FOR THE EVALUATION
OF THE STRENGTHS AND WEAKNESSES
OF COMMUNITY SPEECH AND HEARING CENTERS

A Dissertation

Submitted to the Graduate Faculty of the
Louisiana State University and
Agricultural and Mechanical College
in partial fulfillment of the
requirements for the degree of
Doctor of Philosophy

in

The Department of Speech

by
C. Mitchell Carnell, Jr.
B.A., Furman University, 1956
M.A., University of Alabama, 1958
May, 1972

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To
Michael and Suzanne

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ABSTRACT

The purpose of this study was to develop criteria for the evaluation of strengths and weaknesses of community speech and hearing centers.

The researcher extracted from the professional literature a list of 173 features that had been designated as important in the functions and practices of community speech and hearing centers. Since it was observed that the features were usually grouped into eight major classifications in the literature, these classifications were utilized in arranging the features to be submitted to the panel of experts.

The determination as to which of the entire list of features were the key features was arrived at through a three step procedure.

First, the entire list of features was presented in the form of a questionnaire to a panel of 20 experts. The members of the panel were asked to indicate the importance of each feature through its designation on a five point scale (excellent, adequate, neutral, inadequate, unacceptable).

Second, after an initial inspection of the returns was made to determine the apparent consensus of opinions concerning the importance of each feature, the apparent consensus was reported to each panel member by means of a second questionnaire and the member was asked to indicate if he agreed or disagreed with the apparent consensus.

On the basis of the returns from the second questionnaire the first estimate of the panel consensus was modified slightly so as to better reflect the opinions of the complete panel.

Finally, the viewpoint of the group of experts was tested empirically by requesting the executives of the 10 centers which had been selected as outstanding to indicate whether each of the features was present in the respective program at the present time.

The features which were eventually designated as key features were those that survived this three step procedure and were found to be present in the programs of nine or more of the 10 outstanding centers.

Two other groupings of features which did not survive the three step procedure are also summarized. These were the features that were originally designated as excellent but were not present in nine or more of the programs of the outstanding centers. The final group is composed of those features originally designated as adequate.

A group of outstanding community speech and hearing centers have been identified which can serve as models for other agencies. In addition 20 people were identified as best qualified to make judgments concerning the programs of community speech and hearing centers.

CHAPTER I

INTRODUCTION

The Problem

Community speech and hearing centers comprise a significant and unique work setting for those engaged in the habilitation and rehabilitation of the communicatively handicapped. More importantly these programs are involved with large numbers of the communicatively handicapped at all age levels and covering a wide spectrum of case types.

At the present time there is no generally accepted means available for the objective appraisal of the strengths and weaknesses of community speech and hearing centers.

The development of a set of criteria which can be used to evaluate community speech and hearing centers would have four immediate applications.

First, there has long been a need for a measuring instrument that individuals who are responsible for the administration of a community speech and hearing center may turn to for guidance in planning future development of the agency.

Second, the strengths and weaknesses of center programs are seldom known to community boards and funding organizations. Such information will assist these groups in reaching more objective decisions as to the needs for additional support and the ordering of priorities in the agency's development.

Third, university training programs which train professional personnel for various work settings including community centers would benefit from having information available concerning such centers. Additionally this information will be of assistance to a student who will serve his clinical fellowship year in a community center.

Other advantages of an evaluation program, according to the Southern Association of Colleges and Schools, are (1) better understanding of and commitment to purposes, (2) an improved program, (3) improved personnel, (4) better utilization of facilities, (5) better school community interaction, and (6) better coordination (Evaluating the Elementary School, 1964).

The purpose of this study was to develop criteria to be used in the evaluation of the strengths and weaknesses of community speech and hearing centers, hereafter referred to as CSHC.

Survey of the Literature

Assessment and evaluation have come to be a routine part of daily life. Such questions as "How does this program rank?" or "Is this program accredited?" are commonplace. Nowhere is this philosophy more observable than in the field of education. The regional accrediting associations have made accreditation a goal of every school principal and every board of education in the land.

The concept of accreditation has spread into virtually every field of endeavor and is a vital concept in the health care field. It has been accepted by the various medical associations as exemplified by the American Hospital Association. It has gained favor in the field of rehabilitation as evidenced by the accrediting program of the Commission on Accreditation of Rehabilitation Facilities. The concept

has been accepted by most, if not all, of the national professional associations such as the American Academy of Social Workers and the American Speech and Hearing Association.

The field of speech and hearing is a broad discipline which cuts across many areas of specialty. Its literature is founded in many related fields of endeavor; therefore, it is only natural that many disciplines would contribute to the development of procedures to evaluate speech and hearing centers.

It would be futile to attempt a review of the entire history of evaluation; however, a listing of the milestones in its development would seem appropriate with specific emphasis given to evaluation in special education and rehabilitation.

Evaluation in General Education

Teachers have traditionally measured or evaluated the work of their students. Early records indicate that this was generally carried out through observation, questioning, and subjective judgments by the teachers; however, some responsibility for evaluation of the progress of students has traditionally been shared in the United States by citizens other than teachers. It has been customary to have a school committee in each community to be responsible for the schools. Present day boards of education have evolved from such committees. One of the functions of the committees was to visit the schools at least once each year for inspection purposes. During these inspection trips the school committee would question the students (Noll, 1965).

In 1837 Horace Mann became secretary to the newly established Massachusetts State Board of Education and soon thereafter traveled across the state pointing out weaknesses in the school programs. In order to protect themselves and to refute his charges, some thirty

teachers and school committee members in Boston banded together. The outcome of this struggle was an agreement to prepare a written examination including questions in history, arithmetic, geography, definitions, grammar, natural philosophy, and astronomy to be answered by the pupils. A total of 154 questions were prepared and 530 pupils selected from 7526 answered the questions in whole or in part. According to Caldwell (1925) this is the first known survey in which the same written examination was administered to a sample of pupils at the same school level.

Survey Tests

The evaluation of programs parallels very closely the development of achievement tests. Scates (1957) credits the 1911-1913 survey of the New York City Schools as the first large-scale use of standardized tests for the purpose of evaluating a school system. According to Ayres (1922) this New York survey firmly established the principle that in conducting school surveys, scientific tests must be utilized when they are available.

In the 1930's a new philosophy of education brought about a shift from measurement to evaluation. "Progressivism" as it came to be called rejected the more narrow philosophy of Thorndike and embraced the idea that education is a process of total growth and development with emphasis on broader objectives such as: the development of attitudes, appreciations, interests, emotional stability, personal and social growth, functional information, interpretation of data, application of principles, creativeness, and like processes (Orata, 1940).

During the 1930's and 40's the cooperative plans of evaluating educational programs became established through the regional accrediting

associations. Such studies were conducted both as self study projects and by outside educational sources for purposes of evaluation and making recommendations for improvement. Such instruments were usually designed in the form of check lists or rating scales. These tests sought to evaluate the quality of the schools rather than the achievement of individual students. Such factors were considered as: formal structure and organization, facilities, faculty and staff, and the processes that go on within the school (Noll, 1965).

Present day opinions seem to agree that a variety of approaches are necessary for the evaluation of educational programs. The large number of specific instruments and techniques that may be employed for purposes of gathering data about educational programs generally fall into one or more of the following six categories (Brown, 1955):

1. Measurement by Frequency of Occurrence
2. Measurement by Means of Highly Structured Tests
3. Measurement by Means of Inventories and Questionnaires
4. Measurement by Means of Unstructured Stimulus Situations
5. Measurement by Means of Ratings
6. Measurement by Means of the Interview Technique (pp. 314-321)

Major Developments

The Eight Year Study

Perhaps the most extensive study to be carried out by any group was the Eight-Year Study of the Progressive Education Association. From 1933-39 more than 30 high schools and 300 colleges cooperated in evaluating practically every aspect of secondary school work with emphasis on curriculum organization. A sample population consisting of 1,475 graduates of 30 "Progressive" high schools was matched with

an equal number of graduates from conventional schools in terms of scholastic aptitudes, interests, and socio-economic backgrounds. The major criteria, "success in college," was defined in terms of grades earned and certain intellectual characteristics.

The techniques employed in the Eight-Year Study included interviews with students, questionnaires, records of reading and activity, reports from instructors, college records, and comments of college officials, house heads, and others who had contact with the students. Summaries were made of grades and questionnaire responses. In addition each student was judged for each year in college in some 63 separate areas including his quality of thinking, extent of participation in each of a series of organized activities and leisure time interests, personal-social relationships, problems, etc. All available data for each student was used in the evaluation.

According to Renzulli (1966) the contribution of the Eight-Year Study to evaluation can be summarized by contrasting it with the more narrowly conceived standardized achievement testing programs. Comprehensiveness in the form of a concern for all the objectives of a school program, not merely the amount of information acquired by pupils, was the most distinguishing characteristic.

Evaluative Criteria

The Evaluative Criteria (1960) published by the National Study of Secondary Schools is the outgrowth of more than 30 years of research and experience in the area of educational evaluation. It represents the most complete instrument yet developed for educational evaluation. The third edition published in 1960 contains

revisions recommended by users of two previous editions published in 1940 and 1950. The purposes of the original study group are expressed or implied in the following questions taken from the manual of the first edition (1939).

1. What are the characteristics of a good secondary school?
2. What practical means and methods may be employed to evaluate the effectiveness of a school in terms of its objectives?
3. By what means and processes does a good school develop into a better one?
4. How can regional associations stimulate secondary schools to continuous growth? (p. 1)

During the years between 1933 and 1940 when the first instrument was published the study of secondary school evaluation passed through several stages. The formation of criteria and the development of evaluative procedures were followed by a period of experimental application of these criteria and procedures in representative secondary schools throughout the country. The third phase consisted of an analysis and evaluation of the experimental data which lead to revised criteria and procedures incorporated in the 1939 edition of How to Evaluate a Secondary School. The final stage involved demonstrating and interpreting these materials to the educational public.

The contributions of the cooperative study may be best described in terms of instrument refinement and methodology. The massive amount of data collected resulted in an evaluative instrument which clearly prescribed those factors which constitute a school program. The cooperative study also led to the development and refinement of an instrument which is useful in a variety of school situations.

Evaluation in Special Education

In searching the literature for program evaluation in special education one is met with the large number of studies in the area of mental retardation. Most of these studies are concerned with reading, arithmetic, and language arts as related to the retarded.

Kirk (1964) has summarized the scope of these studies as follows.

Efforts to evaluate growth among the mentally retarded have been confined largely to the measurement of progress in reading, arithmetic, and other school subjects, as well as the effects of special education on social and vocational adjustment. There have been some attempts, however, to evaluate the effects of special educational procedures on the development of mental ability in retarded children, (p. 68)

In this regard studies compiled in the area of retardation tend to focus on specific areas related to objectives. Thus achievement testing, intelligence tests and follow-up studies have been widely used. In this regard the present state of evaluation in the area of mental retardation resembles the early years of evaluation in general education.

In his study concerning evaluation of programs for the gifted Renzulli (1966) conducted an extensive search of the literature and surveyed the various state departments of education and numerous school systems with programs for the gifted with the following results.

1. One published instrument is available for consumer use. This instrument was developed by A. Harry Passow, Deaton J. Brooks and the staff of the Talented Youth Project.

2. Of the 36 states which returned the questionnaires sent out by Renzulli, only two could be considered to have bona fide test instruments--Minnesota and Illinois.

3. Of the 309 local school districts responding to the questionnaires sent out by Renzulli, only two, Los Angeles County Schools and Wayne County, Michigan, had bona fide test instruments.

4. One study dealing with the over-all problem of program evaluation was found in the literature. This was the doctoral dissertation of Deaton J. Brooks.

5. Several individuals at both the state and local levels expressed an interest in obtaining a suitable instrument, (pp. 60-62)

James McDuffie, using the methodology established by Renzulli for use with evaluating programs for the gifted, made a similar study to establish criteria for evaluating programs for the educable mentally retarded. McDuffie (1969) states that his study supports the findings of Renzulli that, "That basic philosophy of key features which can be used for program development and evaluation was supported" (p. 82).

Commission on Accreditation of Rehabilitation Facilities

For ten years preceding the formation of the Commission on Accreditation of Rehabilitation Facilities (CARF) those national organizations representing rehabilitation facilities had been engaged in developing standards for their respective organizations. In 1966 the Association of Rehabilitation Centers (ARC) and the National Association of Sheltered Workshops and Homebound Programs (NASWHP) agreed to pool their interest in standards by forming the Commission on Accreditation of Rehabilitation Facilities. The two original corporate members have now expanded to five national organizations including, in addition to the original two which have now merged to form the International Association of Rehabilitation Facilities, Goodwill Industries of America, Inc., National Association of Hearing and Speech Agencies, National Hospital Association, Section of Rehabilitation and Chronic Disease Hospital and National Easter Seal Society for Crippled Children and Adults (The CARF Story, undated).

CARF contracted with the Joint Commission on Accreditation of Hospitals to provide administrative and support services. The Joint Commission on Accreditation of Hospitals has had approximately fifty years of experience in the accreditation field.

The purposes of CARF are stated in "The CARF Story" (undated) as:

1. To promote and assist in the self improvement of rehabilitation facilities for the provision of educational and advisory services in respect to standards.
2. To adopt and apply standards in measuring and evaluating rehabilitation facilities for accreditation with respect to purposes, organization and administration, services, personnel, records and reports, fiscal management, physical facilities, community relations, industrial activities and other factors consistent with the facility's goals.
3. To issue certificates and publish lists of facilities awarded accreditation.
4. To seek advice and guidance from all appropriate sources and promote and carry out studies to expand and elevate standards in keeping with changing concepts and advancing professional knowledge and skills.
5. To cooperate with other organizations having allied objectives.
6. To raise funds to carry out the purposes of the Commission through dues from members, fees for services, grants and other appropriate means.
7. To assume other responsibilities and conduct activities consistent with these purposes.
8. To carry out its programs in the United States, Canada, and other countries as appropriate and feasible.
9. To carry out its program without profit accruing to any member or trustee from activities of the Commission, (p. 1).

By August 20, 1970 CARF had carried out a site survey of 103 rehabilitation facilities. Of these 58 were accredited for three years, 34 were accredited for one year, and 11 were not accredited (Box Score, 1970).

In September 1970 the CARF Board of Trustees adopted standards for rehabilitation facility employers in speech pathology and audiology (CARF Adds Two..., 1970).

At its meeting in December 1970 the CARF Board of Trustees appointed survey consultants in speech pathology and audiology as reported in CARF Reports of March, 1971. It is worthwhile to note that seven of the 11 consultants appointed at that meeting were among the 20 members of the "panel of experts" used in this current study and that three of them are executives of agencies which were included in the 10 chosen as the most outstanding.

Accreditation Council for Facilities
for the Mentally Retarded

In May of 1971 the Accreditation Council for Facilities for the Mentally Retarded (AC/FMR) of the Joint Commission on Accreditation of Hospitals (JCAH) adopted standards for the accreditation of facilities for the mentally retarded (Lloyd, 1971). These standards relate to all professional and special services needed by the retarded including speech pathology and audiology.

In 1952 the American Association on Mental Deficiency (AAMD) published the report of its special committee on standards for institutions. In 1964 after a major project to determine needs the AAMD published Standards for State Residential Institutions for the Mentally Retarded.

In 1965 a grant from the new Division of Developmental Disabilities of the Social and Rehabilitation Services provided for the development of an evaluation instrument based on the 1964 standards. In 1966 a second grant provided for the evaluation of 134 state institutions over the next three years. This represented three-fourths of such institutions and housed 90% of residents of public facilities in the

United States. Along with this project the AAMD created the National Planning Committee on Accreditation of Residential Centers for the Retarded composed of representatives of AAMD, the American Psychiatric Association, the Council for Exceptional Children, the Cerebral Palsy Association, and the American Medical Association which is a member organization of the Joint Commission on Accreditation of Hospitals. This group continued to work and in 1969 resulted in the formation of the AC/FMR within the JCAH (Lloyd, 1971).

National Association of Hearing
and Speech Agencies

The National Association of Hearing and Speech Agencies (NAHSA) had its origins in the American Hearing Society (AHS). The American Hearing Society was founded in 1919 in New York City and incorporated as the American Association for the Hard of Hearing. In 1922 the name was changed to the American Federation of Organizations for the Hard of Hearing. In 1935 it became the American Society for the Hard of Hearing, and in 1946 it became the American Hearing Society. In 1930 the Society began publication of the Auditory Outlook. This was discontinued in 1933 due to lack of money and replaced by an eight page bulletin Federation News which later became Hearing News ("History," 1969). In 1966 Hearing News became Hearing and Speech News. In 1966 the AHS became the National Association of Hearing and Speech Agencies.

In June 1952 the Board of Directors of the American Hearing Society approved two significant documents which have come to be known as Guide Book A, Recommendations for the American Hearing Society, and Guide Book B, Recommended Procedures, Policies and Practices for a Hearing Society.

Guide Book A recommended the establishment of a standing committee on "Chapter Membership and Evaluation." The Committee was appointed in October 1952. After much consideration the Committee reached the following conclusions (A Guide for Self Study of Hearing Programs, 1955).

1. That all local chapters should be urged to make systematic self-appraisals of their own programs. The committee believes that if local chapter programs are to be strengthened the work must be done largely by local people who know most about their programs and who are actually responsible for them.

2. That a useable study guide be prepared which would give concrete help and direction in making such self-appraisals. The committee believes that Guide Book B contains the basic facts and principles needed to assist in chapter self-appraisals but that they should be organized into a more readily useable study guide, (p. i).

The Committee recognized the diversity of the many hearing societies by acknowledging the fact that many adaptations would be required, but they hoped that the "Self-Appraisal Guide for Hearing Programs" would serve the following purposes.

1. That it will be used by local chapters in making periodic studies or self-appraisals of their policies, practices, patterns or organization and programs. It will enable a chapter to see what it is doing in the light of what it should be doing. It can be used at times for a self-appraisal of the total chapter program and at other times for certain segments of the program as needed.

2. That parts of it will be used in surveys by communities where chapters do not now exist, for the purpose of exploring the possibilities of establishing new chapters.

3. That it will be used by the field staff of the American Hearing Society in consulting with local chapters. It would appear that a chapter could use the consultant services of a member of the field staff more effectively after a self-appraisal had been made (p.ii).

A Guide for Self-Study of Hearing Programs was published in June 1955 by the American Hearing Society. The Guide contained six sections: What Should a Chapter Know About Its Community? Does the

Chapter's Program Meet the Hearing Needs of the Community? Is the Chapter Organized to Operate Effectively? Is the Chapter Adequately Staffed? Does the Chapter Have an Adequate Budget? and Does the Chapter Maintain Effective Working Relations with the Community? There was also an appendix dealing with planning the study, carrying out the study and procedures for follow-up.

In July 1964 the American Hearing Society published a Training Handbook for Hearing and Speech Personnel. The manual deals with five areas of agency operation: Board of Directors, Administration-Management, Professional Staff, Community Planning, and Volunteers. The manual was developed for use in conjunction with a series of regional workshops sponsored by the Society to assist in agency development. Its purpose is stated in the preface, "It is designed to provide valuable assistance in developing community hearing and speech service programs to their maximum efficiency."

This manual was revised and published in 1967 by the National Association of Hearing and Speech Agencies as Community Planning for the Rehabilitation of Persons with Communication Disorders.

At its fall 1970 meeting the Board of Directors of the National Association of Hearing and Speech Agencies approved the Manual of Standards for accreditation of hearing and speech agencies. The Commission on Accreditation of Rehabilitation Facilities (CARF) had previously accepted and put into operation the standards set forth by an Advisory Committee on Speech Pathology and Audiology and in so doing had established two new program emphases--speech pathology and audiology. According to Seitz (1970) this was the culmination of two years of effort by the Committees on Admissions and Standards appointed by the NAHSA Board of

Directors. The committee met a total of eighteen times to develop standards for service programs in speech pathology and audiology. Once the standards had been proposed by the NAHSA Committee CARF appointed an advisory committee of eight certified speech pathologists and audiologists to review them and make recommendations. The revised document approved by the committee was then submitted to and accepted by CARF's Board of Trustees. It became a part of the CARF Standards Manual. It is organized under eight basic areas; purposes, organization and administration, services, personnel, records and reports, fiscal management, and community involvement and relations.

American Speech and Hearing Association

The American Speech and Hearing Association had its birth in 1925 as the American Academy of Speech Correction. It began as part of the National Association of Teachers of Speech. In 1927 it was renamed the American Society for the Study of Speech Disorders. In 1934 it became the American Speech Correction Association and assumed its present name in 1947 (Paden, 1970).

From the beginning the American Speech and Hearing Association has concerned itself with the level of training and academic background of its members. This concern encompasses the programs of training institutions as well as the individual members. The first membership requirements established in 1925 stipulated that membership would be:

...confined to those members of NATS who meet certain minimum requirements of study and practical experience, which are (1) doing actual corrective work, (2) teaching methods of correction to others, and (3) conducting research which has a leading purpose the solution of speech correction problems (Paden, 1970, p. 8).

In 1930 two classes of membership were established, Fellows and Associates. In 1935 membership requirements in the National Association of Teachers of English were removed. In 1942 a membership structure was put into effect that included Fellows, Professional Members, Clinical Members, and Associates.

In 1951, after extensive study, ASHA put a plan into effect which separated the right to membership from the certification of clinical competence. Certification was optional and members were required to apply if they desired certification. At first there were four types of certification available: basic speech, advanced speech, basic audiology, advanced audiology. This system gave way to a single level certificate in 1965 awarded as the Certificate of Clinical Competence in either speech pathology or audiology.

ASHA began its program of accreditation of clinical service programs in 1959 when the American Board of Examiners in Speech Pathology and Audiology was established. The purposes of ABESPA are stated in Professional Services (1963) as:

- a) To establish and maintain boards of examiners responsible for the formulation of standards;
- b) To arrange and conduct examinations to determine the qualifications of individuals, organizations, and institutions applying for Certificates of Competence issued by ABESPA;
- c) To grant and to issue appropriate certificates;
- d) To maintain a registry of holders of such certificates; and
- e) To prepare and to furnish to proper persons and agencies lists of individuals, organizations and institutions who have been certified by ABESPA.

The American Board of Examiners in Speech Pathology and Audiology include the Education Board, the Professional Services Board, the Board of Examiners in Speech Pathology, and the Board of Examiners

in Audiology. These boards were established to evaluate: a) educational programs, b) organizations or individuals providing clinical speech or hearing service to the public; and c) professional workers at the diplomate level in speech pathology and audiology.

The purposes of the Professional Services Board (PSB) are to formulate standards, to arrange and to conduct evaluations, and to determine the qualifications of programs providing clinical speech and hearing services conducted by organizations, institutions and individuals applying for certificates of clinical competence issued by ABESPA (Professional Services, 1963).

According to PSB (Professional Services, 1970) every service program in speech pathology and audiology has certain features in common. These are: administration, staff, community and professional relationships, clinical procedures, records and reports, and physical plant and equipment. All of these areas are considered in the accreditation or registration program of PSB.

In 1968 ASHA established interim standards for registration which removed the requirements for a site visit to the agency seeking recognition and then greatly reduced the costs. Agencies which apply to ASHA under the interim standards are required to meet full present standards by 1976 (CARF Takes Steps..., 1970).

The Present -- A Collision Course

At the present time community speech and hearing centers have two organizations to choose from in order to obtain accreditation. There is the program offered by the Professional Services Board of ASHA and the program sponsored by the National Association of Hearing and Speech Agencies through its corporate membership in the Commission on Accreditation of Rehabilitation Facilities. It must be noted that the

two national organizations have a large number of members in common. In fact most of the members of NAHSA who are professionals in speech pathology or audiology hold clinical certification from ASHA.

A joint meeting between representatives of ASHA, NAHSA, and CARF was held on January 12, 1970 at the request of ASHA to "Exchange information concerning existing accreditation policies and programs. In order to assure that future actions by either organization would be taken with adequate understanding of the issues and problems involved." (CARF Takes Steps..., 1970).

As a result of this conference the American Speech and Hearing Association published the following statement in its monthly publication, ASHA, in February 1970:

ASHA POLICIES AND ACTIVITIES

The American Speech and Hearing Association initiated the accreditation of clinical service programs in 1960, when the membership voted to create the American Board of Examiners in Speech Pathology and Audiology (ABESPA).

Throughout its development, the PSB has maintained communication with representatives of federal agencies, state health and welfare agencies, school speech and hearing programs, state departments of public instruction, and community speech and hearing clinics. These contacts, combined with our accumulated experience, have influenced important changes in the PSB program.

In August of 1968, a conference of directors of all agencies or clinics accredited by the PSB resulted in general agreement that an interim step toward full accreditation should be developed, during which ASHA could provide consultation and other assistance to clinical service programs to help them upgrade services to PSB standards. The Interim Standards plan was therefore developed, and initiated in 1969. All clinics or agencies accredited under the Interim Standards plan must meet full PSB standards by 1976 in order to maintain their accredited status. During the next phase of the Interim Standards program, ASHA will employ a qualified professional with experience as an agency director to administer the program. Consultative visits to each center will be arranged to assist those centers in upgrading their services in whatever ways may be necessary in order to meet full PSB standards. To date 290 centers have applied, and 178 have been accredited.

ASHA Position on Cooperative Accreditation Procedures

ASHA recognizes that the purposes of accreditation could be defeated through a profession-by-profession approach which would confuse the public and force most facilities to seek separate accreditation for each type of service offered. We believe in cooperation to avoid duplication and proliferation in accreditation. From as early as 1966 we cooperated actively with the Association of Rehabilitation Centers and with CARF in developing guidelines which have been used by CARF in evaluating speech and hearing services in rehabilitation agencies. During early 1969, at the request of CARF, ASHA revised and rewrote the speech and hearing standards intended for the new CARF manual. This revision was never received by CARF because of staff changes in their office and because CARF, in association with NAHSA, began to take steps to develop its own accreditation program for speech and hearing agencies.

ASHA Position on Coordination of Accrediting Programs

ASHA endorses the principle that all accrediting operations for programs of health, education, and rehabilitation services could be coordinated under one national accrediting authority. Just as ASHA operates its accreditation program for training institutions under the aegis of the National Commission on Accrediting, we would be ready to participate in a broadly based national authority for service agencies which would provide for equal representation from all areas of the behavioral sciences. Such a national authority does not now exist and should be developed. Any such national authority must be truly representative of the health, education, and rehabilitation fields. Although the Joint Commission on Accreditation of Hospitals apparently is attempting to achieve recognition as a comprehensive accrediting authority through its establishment of accreditation councils, its policy statements clearly provide that only the medical profession participates at the level of final authority. The JCAH, as it is presently constituted, is not a representative body which could be accepted as a national accrediting authority in any area other than medicine and closely related paramedical areas.

ASHA Position on Joint Accreditation

Although the PSB continues to be a program which is administered by a national professional association, ASHA has acted to bring representatives of the agencies and programs being accredited into participation in the policy and procedural aspects of the program. Further, ASHA has become convinced that the principle of joint accreditation is probably a sound one. We understand joint accreditation to be a structure wherein a joint authority is established with mutual representation from the professional associations and the organizations with agency membership. Such a joint accreditation authority would carry out the accreditation program within a given field, and would be supported by the professional disciplines, as well as by service agencies and programs in the field.

Since there is apparent agreement between ASHA and NAHSA as to the validity of the joint accreditation concept, it is difficult to understand the decision of NAHSA to continue to work toward establishing a duplicative program within the CARF structure. Since CARF, as a matter of policy, excludes corporate participation by any professional organization, a joint accreditation program by the above definition is an impossibility within that structure.

SUMMARY

The American Speech and Hearing Association continues to be willing to meet with all other groups and organizations to discuss mutual problems and goals related to accreditation. To avoid unnecessary duplication and proliferation of accrediting activities, ASHA will continue to cooperate with other accrediting programs in recommending standards and criteria for evaluation of speech and hearing services which may be offered as components of multidisciplinary programs as in the areas of rehabilitation and mental retardation. ASHA endorses the principle of joint accreditation, as well as the concept of a national accrediting authority for all professional areas concerned with health, education, rehabilitation, and the behavioral sciences. ASHA will continue to explore, with other interested organizations, the possibilities for joint action in these areas.

Until a national accrediting authority for service programs with a mechanism for representative joint accreditation body encompassing the speech and hearing field is developed, ASHA must continue to give the strongest possible support to the promotion and continuation of the program of the Professional Services Board. As members of an independent professional discipline, speech pathologists and audiologists have no choice but to accept

responsibility for professional standards for training and for services, and to continue working to achieve effective and responsible methods for implementing those standards.

Before the above conference took place battle lines had been drawn by two memorandums sent to executives of speech and hearing agencies. The first was from John J. O'Neil, president of ASHA, and the second was from Ray Seitz, chairman, NAHSA Committee on Standards. Copies of these are in the Appendix.

The year previous to these exchanges had been a difficult one of "soul searching" for agency executives. The National Association of Hearing and Speech Agencies, under the leadership of its executive director Tom Coleman, had weathered a particularly stormy year concerning accreditation. This culminated in a severely divided business meeting at the 1969 50th Anniversary Convention of NAHSA. The following report of that session appeared in the July 1969

National Hearing Aid Journal:

Although the sequence and explanation have the elements of simplicity, the problems as brought out at the meeting were obviously more complex. They involved: (1) a fear by ASHA members that they would end up under the domination of either lay members or else--and to some worse--the medical profession; (2) the belief that ASHA's program was adequate and NAHSA was duplicating the services; (3) a belief that NAHSA was undercutting ASHA becoming involved in its own empire-building; (4) a feeling that only ASHA could properly determine standards for audiology and speech pathology; (5) a prediction that if the NAHSA or Communications Disorders Commission, which would be dominated by ASHA members, according to Stone, decided on one course of accreditation, it could be overruled by the JCAH which would be more oriented to the needs of the hospitals rather than to the needs of the profession; (6) some petty bickering on both sides as to what ASHA said about NAHSA and what NAHSA is saying about ASHA.

The discussion had to be cut short after 1½ hours, and a sense of the meeting was called for to determine how much backing Coleman had to pursue the matter. It had been previously brought out that the NAHSA Board of Directors, which was backing Coleman, had the power to make the contract without the approval of the member agencies, but that it preferred to obtain the opinions of the agencies and their sentiments about the direction before making the ultimate decision. It was also brought out that NAHSA would go it alone even if ASHA withheld approval of the standards or the program, but that ASHA was informed of NAHSA's actions. In the vote that was taken a small majority favored NAHSA's continuing its negotiations with the JCAH. However, even though there were only a few voicing specific disapproval, there were many abstentions. Among those objecting were two stalwarts of ASHA's elective hierarchy who found themselves pitted against some of the prominent ASHA members of NAHSA who are stronger in the agency rather than the professional organization (p. 26).

The present writer was in attendance at this meeting and at the emergency Board of Directors meeting following it.

The accreditation program under CARF went into effect in 1971 and at this writing four programs have been accredited. The ASHA program continues with 515 programs accredited which includes both interim approval and full approval. College service programs are also included ("Accredited Program," 1971).

Throughout the discussion one of the fears by many ASHA members has been that there was a possibility of domination by the medical profession through the relationship of CARF to the Joint Commission on Accreditation of Hospitals, a possibility that NAHSA strongly denied; therefore, an article appearing in Washington Sounds, an official publication of the National Association of Hearing and Speech Agencies, dated June 14, 1971, is somewhat surprising.

According to the article, "The emphasis of the corporate membership of CARF is on rehabilitation, but this is not justly reflected in the JCAH structure of leadership" (p. 5).

The article continues:

With the conviction that two or three disciplines should not control the delivery system of all health services, Tom Coleman, executive director of NAHSA, has developed and proposed a plan for the establishment of a true approach to comprehensive care including these aspects related to quality control of accreditation, (p. 5).

Mr. Coleman has proposed that the accreditation efforts of all health services would be coordinated by one agency known as the Joint Commission on Accreditation of Health Related Services or a similar title.

The control would be vested in the consumer or the public at large. There would be one representative from each accrediting organization such as JCAH, CARF on the governing board. There would be no fewer than six board members drawn from community leaders such as industrialists, bankers, etc. Each group would develop its own accreditation program under the principles established by the new group. Each accreditation program would first have to be approved by the JCAHRS.

The corporate representatives of the members of CARF have fully endorsed the new plan with the following statements of consent:

The corporate members of CARF have reviewed and discussed the proposed recommendation for establishing a Joint Commission on Accreditation of Health Related Services. We view this as the desirable and logical basis of structure for an overall program of which we see ourselves a part. We intend to pursue the development and establishment of such an arrangement (p. 5).

The proposed new organization would look something like the schematic drawing below ("Major New Proposal...", 1971).

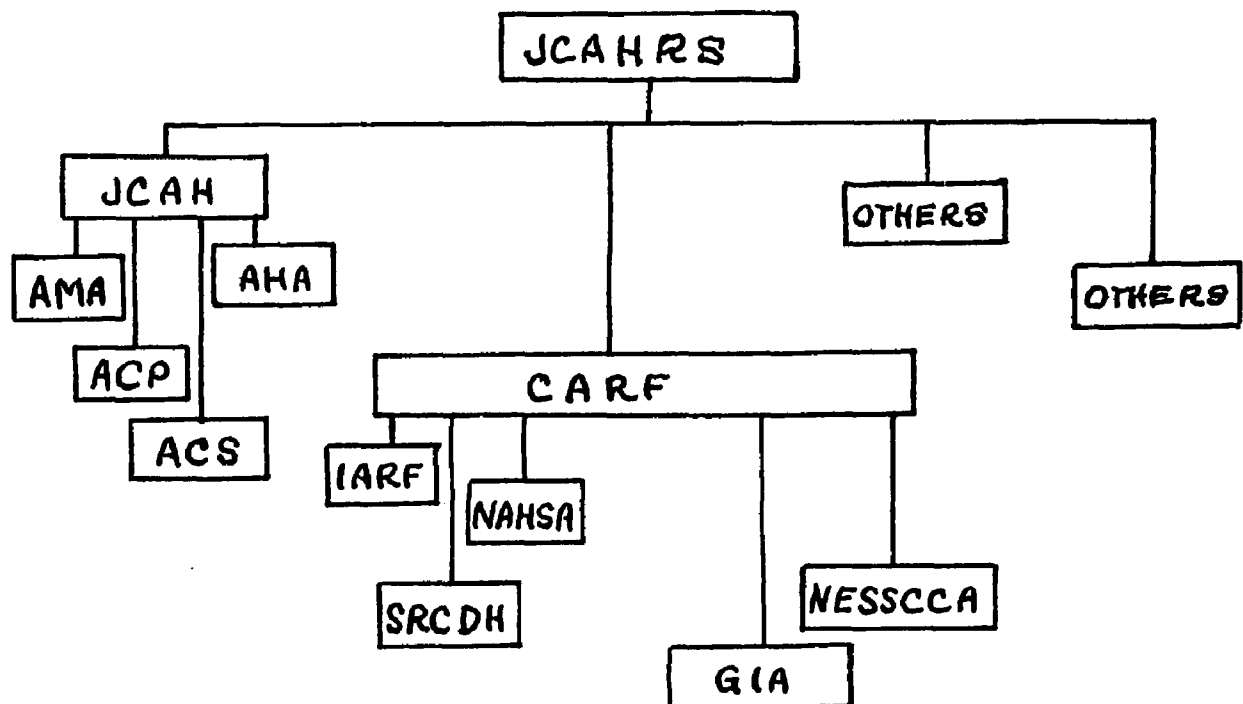


FIGURE 1

SCHEMATIC DRAWING OF JOINT COMMISSION
ON ACCREDITATION OF HEALTH RELATED SERVICES

On September 14, 1971 it was announced that at the end of 1971 the Commission on Accreditation of Rehabilitation Facilities (CARF), "Will assume full administrative responsibility for direct operation of its program of accreditation, an action that will remove any suggestion that the rehabilitative accreditation program is in any way under the policy direction of the Joint Commission," ("Interim Report to Agency Executives and NAHSA Board of Directors," 1971).

The Present Study

The accreditation programs of the two national organizations have tended to polarize the two associations themselves. The current study has drawn from both associations and from a wide sampling of the executives themselves.

The study provides an instrument which any agency may use to evaluate its program without committing itself to any national scheme; however, interest at the national level has been stirred as reflected in the following excerpt from a note concerning this study (January, 1971) to this researcher from Dr. Donald Calvert, director of the San Francisco Speech and Hearing Center and director of Professional Services and Program Development for ASHA 1970 to 1971, "Such material needs to get into the literature and be reflected by Professional Service Board Standards."

CHAPTER II

GENERAL PROCEDURES

Bases for Procedures Employed in This Study

Two of the important aspects of the Renzulli (1966) and McDuffie (1969) studies are employed in this study. The utilization of a highly selective panel of experts and the concept of key features are common to all three studies even though the methodology of this study departs radically from that used in the other two studies.

The basic ingredient in all three studies is the reliance on the judgment of a small but highly selective "panel of experts." The experts were chosen differently in each case; however, the underlying assumption is the same as stated by Renzulli (1966):

The opinions derived from a small but select group of persons who have demonstrated an exceptional degree of interest and achievement in this field are substantially more consequential than the opinions gathered en masse from a larger but minimally involved group....Qualitative judgment, systematically and selectively procured, is manifestly a more promising basis for program evaluation than the wholesale solicitation of opinions from persons who have not been "totally immersed" in the problem (p. 75).

The Criterion Problem

The major problem is one of attempting to adequately evaluate the programs of speech and hearing centers in the absence of external criteria capable of distinguishing between varying degrees of program quality. Such criteria must be based on a judgment as to what is important and what is not and to what extent.

At this time there is no objective, verifiable means upon which judgments concerning program quality can be validated. The alternative is to develop an instrument based on the reflective judgment of a highly skilled, knowledgeable panel of experts.

The Concept of Key Features in Program Evaluation

The concept of key features is basic to this study. Renzulli (1966) has provided an excellent explanation of this concept.

A survey of the entire span of characteristics upon which an educational program might possibly be evaluated, from the quality of the teacher to the adequacy of the school's custodial services, leads one to the conclusion that certain program features and characteristics are manifestly more consequential than others.

As indicated in the first chapter, this study is based upon the assumption that necessary and sufficient program characteristics or "key features" of differential education for the [communicatively handicapped] are identifiable through given means. With respect to the whole array of practices and provisions that possess potential albeit varying degrees of value in furthering the objectives of [differential programs for the communicatively handicapped], the concept of "key features" holds that the evaluation of a minimal number of highly significant features will satisfy for practical purposes the evaluative process. The rationale underlying this assumption is that if the more essential features of a program are found to be present and operating excellently, then the probability of less significant and critical features being similarly present is good. In this manner the process of program evaluation is simplified by allowing main concentration on a few highly significant variables and avoiding the methodological difficulties of interrelating and scaling a host of lesser program characteristics. These lesser characteristics, which often take the form of detailed and specific practices, are acknowledged to be good and desirable, but not

essential to a sufficient set of "key features." In other words, in the presence of "key features" that are both necessary and sufficient, the inclusion of lesser characteristics is likely to be cumbersome and wasteful.

Although the concept of "key features" does not offer a solution to the problem of assigning numerical values of relative importance to varying program features (i.e., "weighting"), it does guard against the danger of assigning equal merit to characteristics with vastly divergent degrees of worthiness (p. 81).

Procedures

The researcher extracted from the professional literature a list of 173 features that had been designated as important in the functions and practices of community speech and hearing centers. Since it was observed that the features were usually grouped into eight major classifications in the literature, these classifications were utilized in arranging the features to be submitted to a panel of experts.

Features Evaluated (Presented According to Division)

Purposes - P

- P-1 The purposes of the agency are stated in its charter.
- P-2 The purposes of the agency are published and available for distribution in pamphlets, etc.
- P-3 The purposes of the agency were established by the board of directors.
- P-4 The purposes are subscribed to by the administration of the agency.
- P-5 The purposes have been explained to the professional staff.
- P-6 The purposes have been explained to the clients.
- P-7 The purposes of the agency have been published to the community.

- P-8 The purposes as stated in the charter are consistent with the objectives of a community speech and hearing center.
- P-9 There are clearly defined short term goals (next 12 months) for the agency.
- P-10 There are generally defined goals for the agency to guide it through the next two to three years.
- P-11 There are generally defined long range goals to guide the agency through the next five to six years.
- P-12 There are clearly defined limitations of the agency's functions.
- P-13 There are clearly defined eligibility requirements for the agency's services.
- P-14 There is a clearly defined mechanism for the evaluation of the scope of the agency program by the board of directors.
- P-15 There is a clearly defined mechanism for the evaluation of the scope of the agency program by the professional staff.
- P-16 There is a clearly defined mechanism for the evaluation of the scope of the agency program by the community.
- P-17 There is a specific time schedule for the evaluation of the scope of the agency program by the board of directors.
- P-18 There is a specific time schedule for the evaluation of the scope of the agency program by the professional staff.
- P-19 There is a specific time schedule for the evaluation of the scope of the agency program by the community.

Administration - A

- A-1 The agency is incorporated.
- A-2 There is a broadly based community board of directors.
- A-3 There is a specific length of time which a board member may serve before rotating off the board.
- A-4 A previous board member may be reelected to the board after being off for a specified period of time.
- A-5 A regular term for a board member is three years or less.
- A-6 There is an orientation program for new board members.

- A-7 The duties of board members are defined in the agency by-laws.
- A-8 The duties of the officers are defined in the agency by-laws.
- A-9 There is an executive committee of the board.
- A-10 The board approves an annual budget.
- A-11 The board established personnel policies.
- A-12 The board has established a procedure for reviewing the effectiveness of the agency's program.
- A-13 The method for electing officers of the board is prescribed in the by-laws.
- A-14 The method for electing new members to the board is prescribed in the agency by-laws.
- A-15 Minutes are taken of all board meetings.
- A-16 The requirements for a quorum of the board is established in the by-laws.
- A-17 The rules of parliamentary procedures to be followed by the board are set forth in the agency by-laws.
- A-18 The agency has a full time executive.
- A-19 The board has established a job description for the executive.
- A-20 The executive is responsible only to the board.
- A-21 The executive attends all meetings of the board except when his personal status is in question.
- A-22 The executive is a voting member of the board.
- A-23 The executive attends all meetings of standing committees except when his personal status is in question.
- A-24 The executive attended the 1970 ASHA convention at agency expense.
- A-25 The agency executive attended the 1970 convention(s) of the state speech and hearing association at agency expense.
- A-26 The executive holds either the Certificate of Clinical Competence in Audiology or in Speech Pathology from ASHA.
- A-27 The executive is a member of ASHA.

- A-28 The executive holds a Master's degree in either speech pathology or audiology.
- A-29 The executive is trained in a field other than speech pathology or audiology and is not a professional in these areas.
- A-30 The executive is a licensed physician.

Fiscal Management - FM

- FM-1 The agency utilizes one of the standardized accounting procedures for recording financial transactions.
- FM-2 The financial position of the agency is reviewed by the board at least quarterly.
- FM-3 Major revisions in the budget are approved by the board of directors.
- FM-4 The agency is a member of the United Appeal.
- FM-5 The agency charges for its services.
- FM-6 The agency engages in independent fund raising.
- FM-7 The agency charges for appointments which were cancelled 24 hours in advance.
- FM-8 The agency charges for missed appointments which were not cancelled in advance.
- FM-9 Salaries for the professional staff are in keeping with the regional standards.
- FM-10 Wages paid to the nonprofessional staff are in keeping with local wage scales.
- FM-11 The agency develops an annual budget.
- FM-12 There is an annual audit of the agency by an outside source.
- FM-13 The outside audit is performed by a certified public accountant.
- FM-14 The agency maintains a capital funds account in addition to the operating account.
- FM-15 Bills for services are sent out monthly.
- FM-16 The agency utilizes the services of a collection agency for collecting unpaid accounts.

- FM-17 Credit cards are accepted by the agency for payment of bills.
- FM-18 The agency makes an adjustment in fees for those unable to pay the full fees.
- FM-19 When an adjustment must be made in the fee schedule this is cleared with the executive or someone designated by him.
- FM-20 Services are rendered by the agency without regard to the client's ability to pay.
- FM-21 The agency finished 1970 in the black without resorting to special funds or campaigns not anticipated in the 1970 budget.

Records and Reports - RR

- RR-1 A central file is maintained on each client.
- RR-2 Client records are available only to authorized personnel.
- RR-3 Client records are maintained in locked files or in file rooms which may be locked.
- RR-4 There is a check-out system in order to control the flow of client records.
- RR-5 Client records are updated at specific time intervals.
- RR-6 Records are obtained from other agencies which have been involved with the client.
- RR-7 Client records are issued to other agencies which are involved with the client.
- RR-8 The client, his parents or guardian must authorize in writing the collection of data from other agencies.
- RR-9 The client, his parents or guardian must authorize the release of data to other agencies.
- RR-10 The reports written by a professional staff member are read by the executive or a supervisor.
- RR-11 The reports written by a professional staff member are cosigned by the executive or supervisor.
- RR-12 All client referrals to outside agencies are cleared through the executive or a supervisor.
- RR-13 All referrals into the agency are made through a physician.

- RR-14 The agency employs a clinical supervisor in addition to the executive.
- RR-15 Minutes of agency board meetings are maintained from year to year.
- RR-16 One person is responsible for the management of the total records system.
- RR-17 There is a record of every individual who has received services at the agency.

Physical Facilities and Equipment - PFE

- PFE-1 The center is conveniently located for the majority of its clients.
- PFE-2 The center is conveniently located for the majority of the referral agencies.
- PFE-3 The center is conveniently located for the staff.
- PFE-4 There is ample parking available at or near the facility.
- PFE-5 The center is architecturally suitable for use by the physically handicapped.
- PFE-6 The facility was designed for its present use.
- PFE-7 The facility is adequate for the agency's program at the present time.
- PFE-8 The facility was adequate for the agency's program at the time of occupancy.
- PFE-9 The staff was consulted concerning the design of the facility.
- PFE-10 The staff was consulted in selection of equipment.
- PFE-11 The facility meets all the legal requirements for design and construction.
- PFE-12 The facility is adequately equipped for its purposes.
- PFE-13 There are written disaster evacuation plans for the facility.
- PFE-14 A disaster evacuation drill has been held within the past twelve (12) months.
- PFE-15 There is written evidence of an inspection by an authorized representative of the fire department within the past twelve (12) months.

- PFE-16 Audiometric equipment is calibrated annually.
- PFE-17 Records of audiometric equipment calibration are available.
- PFE-18 Each new staff member is instructed in the operation of each piece of equipment which he will use.
- PFE-19 Staff members are checked out on the proper operation of each piece of equipment which he will use.
- PFE-20 There is adequate storage space in the facility.
- PFE-21 All equipment is in good repair at this moment.
- PFE-22 There is an adequate annual budget for the repair and replacement of equipment.
- PFE-23 There is an annual budget for the purchase of new items of equipment (not replacement).
- PFE-24 Major pieces of equipment are located conveniently to those who use them most frequently.

Community Relations - CR

- CR-1 The agency actively participates in community planning for the handicapped.
- CR-2 Reports and recommendations of such planning groups are reported to the professional staff of the agency.
- CR-3 The reports and recommendations of such planning groups are reported to the board of the agency.
- CR-4 The agency conducts an on-going public education program.
- CR-5 The agency has a paid public relations representative.
- CR-6 The agency publishes a newsletter or similar publication.
- CR-7 The agency has a speakers bureau.
- CR-8 The agency participates in regional or state planning for the handicapped.
- CR-9 Professional staff are members of their respective professional associations.
- CR-10 Professional staff members are involved in the civic life of the community (PTA, church groups, YMCA, etc.)

- CR-11 The agency had a presentation on commercial television within the past twelve (12) months.
- CR-12 The agency had programming on educational television within the past twelve (12) months.
- CR-13 The agency participates in National Better Hearing and Speech Month.
- CR-14 The agency is a member of the National Association of Hearing and Speech Agencies.
- CR-15 There has been at least one newspaper article dealing with the agency in the past three (3) months.
- CR-16 The agency maintains a file or scrapbook of articles and pictures which have appeared concerning the agency or its personnel.

Professional Services - PS

- PS-1 When the agency offers assistance in the selection of a hearing aid the minimal standards as set forth by ASHA are maintained.
- PS-2 Caseloads are maintained at a level commensurate with a professional staff member's training and experience.
- PS-3 Caseloads are appropriate in relationship to the needs of the clients.
- PS-4 The agency screens its clients through the use of available reports from referral sources and/or personal interviews.
- PS-5 The agency adequately describes its services to prospective clients.
- PS-6 Referrals are made to other agencies or professionals for services which the agency does not provide.
- PS-7 Reports on clients are available to all members of the professional staff.
- PS-8 The client's problem is discussed with the client, his parents or guardian.
- PS-9 The financial arrangements are discussed with the client, his parents or guardian.
- PS-10 A client's records adequately and accurately represent the therapy or other services he has received.

- PS-11 The client's therapy program is discussed with the executive or a supervisor.
- PS-12 The client's program is discussed with the client, his parents or guardian.
- PS-13 Dismissal of a client is based on the recommendations of the clinician in charge.
- PS-14 After dismissal of a client by the agency there is a follow-up within six months unless another recommendation was made at the time of dismissal.
- PS-15 Student clinicians are used in the program of the agency.
- PS-16 Volunteers are used in the therapy program of the agency.
- PS-17 Volunteers are given a training course by the agency.
- PS-18 Volunteers are assigned to a supervisor and are directly responsible to that supervisor.

Professional Personnel - PP

- PP-1 All full time professional staff members rendering speech therapy services in the agency's program hold the certificate of clinical competence in speech pathology from ASHA.
- PP-2 All part-time professional staff (15-30 hours per week) rendering speech therapy services hold the certificate of clinical competence in speech pathology from ASHA.
- PP-3 All full time professional staff rendering audiological services in the agency's program hold the certificate of clinical competence in audiology from ASHA.
- PP-4 All part-time professional staff (15-30 hours per week) rendering audiological services in the agency program hold the certificate of clinical competence in audiology from ASHA.
- PP-5 All full time professional staff rendering speech therapy services in the agency program hold a Master's degree.
- PP-6 All part-time professional staff rendering speech therapy services in the agency program hold a Master's degree.
- PP-7 All full time professional staff rendering audiological services in the agency hold a Master's degree.

- PP-8 All part-time professional staff (15-30 hours per week) rendering audiological services in the agency hold a Master's degree.
- PP-9 All student trainees in speech pathology are under the direct supervision of an individual who is employed in the agency and holds the certificate of clinical competence in speech pathology.
- PP-10 All student trainees in audiology in the agency are under the direct supervision of an individual employed in the agency who holds the certificate of clinical competence in audiology.
- PP-11 The agency sent all full time staff members (exclusive of the executive) to the 1970 ASHA convention at agency expense.
- PP-12 The agency sent all part-time professional staff members to the 1970 ASHA convention at agency expense.
- PP-13 The agency sent at least one professional staff member, exclusive of the executive, to the national convention of another allied association in 1970 such as the Council for Exceptional Children or American Association for Mental Deficiency.
- PP-14 The agency sent all professional staff members, exclusive of the executive, to the state speech and hearing association convention(s) in 1970 at total agency expense.
- PP-15 The agency rewards additional formal education beyond the professional staff member's current degree by granting additional salary.
- PP-16 The agency rewards additional formal education beyond the professional staff member's current status by promotion to a higher position or level.
- PP-17 The agency encourages additional formal education by granting time off during the normal clinic day.
- PP-18 The agency encourages additional formal education by granting time off during the summer.
- PP-19 The agency has a regularly scheduled program for in-service training of the professional staff at least twice per month.
- PP-20 The agency has a regularly scheduled program of in-service training for professional staff at least once per month.
- PP-21 The agency maintains a professional library.
- PP-22 The agency has an annual budget for professional library acquisition.

- PP-23 The agency subscribes to all the journals published by ASHA.
- PP-24 The agency pays the professional dues of all the professional staff exclusive of the executive.
- PP-25 The agency has a personnel manual available to all professional staff members.
- PP-26 The professional staff helped to formulate the personnel policies.
- PP-27 The personnel policies for the professional staff are reviewed by the professional staff annually.
- PP-28 There is an established method by which the professional staff may appeal a matter to the agency board.

Treatment of Data

The determination as to which of the entire list were the key features was arrived at through a three step procedure.

First, the entire list was presented in the form of a questionnaire to a panel of twenty experts. The members of the panel were asked to indicate the importance of each feature through its designation on a five point scale (excellent, adequate, neutral, inadequate, unacceptable).

Second, after an initial inspection of the returns to determine the apparent consensus of opinions concerning the importance of each feature, the apparent consensus was reported to each panel member by means of a second questionnaire and the member was asked to indicate if he agreed or disagreed with the apparent consensus.

On the basis of the returns from the second questionnaire the first estimate of the panel consensus was modified slightly so as to better reflect the opinions of the complete panel.

Finally, the viewpoint of the group of experts was tested empirically by requesting the executives of ten centers which had been designated as outstanding to indicate whether each of the features was present in their respective programs.

The features which were eventually designated as key features were those that survived this three step procedure and were found to be present in the programs of nine or more of the outstanding centers.

Selection of the Panel of Experts

Each panel member was selected by his colleagues who are themselves chief executives of CSHC. Members and highly placed officers of both the American Speech and Hearing Association and the National Association of Hearing and Speech Agencies are included as members of the panel.

Each executive of the CSHC listed in A Guide to Clinical Services (1968, 1971) by the American Speech and Hearing Association was sent a ballot. Every effort was made to include only free-standing speech and hearing centers; therefore, speech departments in comprehensive cerebral palsy centers and Easter Seal centers were excluded. University centers were also excluded in those cases where the clinical facility was not designated as a community speech and hearing center. In a few cases the name listed was that of the director of clinical services. A total of 103 ballots were mailed and 64 (62%) were returned.

The directions for filling in the ballot were as follows:
"Please list in descending order the 10 people who you feel are best

qualified to establish standards for community speech and hearing centers. Your choice need not be restricted to those currently serving as executives of such centers. Do not hesitate to list your own name."

The panel of experts is composed of the 20 individuals mentioned most frequently when the responses were counted. As can be seen from the list below, the panel has a broad geographic base and represents a wide range of CSHC. All 20 individuals who received the highest number of ballots in the selection procedure agreed to serve on the panel.

Jack Bangs, Ph.D., Director, Houston Speech and Hearing Center, Houston, Texas

Irwin Brown, Ph.D., Executive Director, Hearing and Speech Center of Rochester, Rochester, New York

Donald Calvert, Ph.D., Executive Director, San Francisco Hearing and Speech Center, San Francisco, California

C. Mitchell Carnell, Jr., Director, Charleston Speech and Hearing Clinic, Charleston, South Carolina

Tom Coleman, Executive Director, National Association of Hearing and Speech Agencies, Washington, D. C.

John Darby, Executive Secretary, San Francisco Bay Area Hearing Society, San Francisco, California

George Davis, Ph.D., Coordinator of Clinical Services, School of Hearing and Speech Sciences, Ohio University, Athens, Ohio

Aram Glorig, M.D., Director, Callier Hearing and Speech Center, Dallas, Texas

Warren Johnson, Ph.D., Director, Portland Center for Hearing and Speech, Portland, Oregon

Thayne Hedges, Ph.D., Director, Community Speech and Hearing Center, Enid, Oklahoma

Donald Krebs, Director, San Diego Speech and Hearing Center, San Diego, California

Raymond Lindahl, Executive Director, Detroit Hearing and Speech Center, Detroit, Michigan

Freeman McConnell, Ph.D., Director, Bill Wilkerson Hearing and Speech Center, Nashville, Tennessee

Clyde Mott, Director, Seattle Hearing and Speech Center, Seattle, Washington

Dennis Ortiz, Executive Director, Michigan Association for Better Hearing and Speech, East Lansing, Michigan

Jack Rosen, Ph.D., Executive Director, New Orleans Speech and Hearing Center, New Orleans, Louisiana

Ray Seitz, Executive Director, Hearing and Speech Services of Rhode Island, Providence, Rhode Island

Louis Stephens, Director, Chattanooga-Hamilton County Speech and Hearing Center, Chattanooga, Tennessee

Robert Stimpert, Executive Director, Hearing and Speech Center of Columbus and Central Ohio, Columbus, Ohio

Tom Walpool, Executive Director, United Speech and Hearing Services, Greenville, South Carolina

Selection of the Ten Outstanding Centers

The 10 outstanding community speech and hearing centers were selected in much the same way as the panel of experts. Each executive of a CSHC listed in A Guide to Clinical Services (1968, 1971) was sent a ballot. The directions for filling in the ballot were:

"Please list in descending order the five community speech and hearing centers which you feel to have the most outstanding overall programs in speech pathology and audiology. Do not hesitate to list your agency."

The outstanding centers are composed of the 10 that were mentioned most frequently when the responses were counted. There is some overlapping in the selection of the panel of experts and the most outstanding centers.

As was true with the panel of experts, the centers selected represent a wide geographic distribution and a wide variety in the size and type of agency. The 10 centers selected are listed below in alphabetical order according to the states in which they are located. Since this ballot was attached to the ballot for the panel of experts the number of returns was the same 62 percent.

California	San Diego Speech and Hearing Center
	San Francisco Speech and Hearing Center
New York	New York League for the Hard of Hearing
Ohio	Cleveland Hearing and Speech Center
Oregon	Portland Center for Hearing and Speech
Rhode Island	Hearing and Speech Services of Rhode Island
Tennessee	Bill Wilkerson Hearing and Speech Center
Texas	Callier Hearing and Speech Center
	Houston Speech and Hearing Clinic
Washington	Seattle Hearing and Speech Center

The First Questionnaire

The panel members were given the following instructions for completing the first questionnaire: "Indicate the importance of the stated concept to a center's program by placing an X in the appropriate blank following each statement. Consider each statement separately." All 20 (100%) of the panel members returned the questionnaires.

Treatment of Data

As the responses were returned each statement was treated in the following manner.

It was recognized that the five point scale of "importance to a center program" (excellent, adequate, neutral, inadequate, unacceptable) was essentially an ordinal (rank order) scale and it could not be assumed that the qualitative classifications subtend equal intervals. For this reason, the first estimate of the consensus of expert opinion regarding the importance of each feature was arrived at through observation of the modal and the medium responses of the panel. The procedure employed was as follows:

1. The medium response point of the 20 responses was first determined.
2. The classification assigned most frequently was then noted.
3. In 126 instances, both the medium and the modal responses were located in the same classification (class interval). This occurred most often when the distribution of responses was greatly skewed. For example, in 44 instances, 17 or more of the 20 experts rated the feature as "excellent." In instances of this kind, the "excellent" category contained both the medium and the modal response and the consensus of opinion was readily observed.
4. When the medium and the mode of the distribution of responses did not coincide within the same class interval, or when the consensus of the judges was not readily discernable through inspection, the consensus of opinion was defined as the medium of the distribution of viewpoints weighted in accordance with the most frequently expressed viewpoint of the experts. In operational terms, the class interval adjacent to the medium on the side of the distribution of responses where the modal response occurred was designated as best representing the collective opinion of the group.

Second Questionnaire

The apparent consensus of the panel regarding the relative importance of each feature was reported to the same panel in the form of a second questionnaire. In this questionnaire, each panel member was asked if he agreed or disagreed with the apparent consensus of opinion regarding each feature. The specific instructions at this time were: "The following conditions were judged to be either EXCELLENT, ADEQUATE, NEUTRAL or INADEQUATE when present in the program of a community speech and hearing center. Please indicate your agreement or disagreement with the ranking of each item by placing an X in the appropriate blank following each statement. This questionnaire is not seeking information about the agency of which you are the executive. It is seeking your opinion." Eighteen (90%) of the panel members returned the questionnaire.

Treatment of the Data

The results of the second questionnaire, in general, indicated that the first approximation of the consensus of opinion of the panel was accurate.

The panel members agreed unanimously with the assigned designation of 47 of the 173 statements and also agreed, though less than unanimously, with the designation of an additional 122 statements. The panel did not agree with the assigned designation of four statements.

In instances where an appreciable number of panel members were not in agreement with the apparent consensus of opinion regarding the designation of a particular feature (this happened in four instances) the distribution of the responses on the first questionnaire was reexamined and the apparent consensus of opinion was modified in

accordance with the shape of that distribution. The required adjustment was easily seen for it could be assumed that the number of disagreements were related with the distance in class intervals of the modal response from the class interval containing the medium and also from the relative number of responses in the category containing the mode.

The Final Questionnaire

A questionnaire containing the full set of 173 features was sent to the chief executives of each of the 10 outstanding centers with the request that he indicate whether or not each statement represented a current condition in the agency. The specific instructions included in the questionnaire were as follows: "The following statements are designed to gain information about the operation of the community speech and hearing center of which you are the executive. Place an X in the column labeled "yes" when a statement accurately reflects conditions in your agency at the present time. Place an X in the column labeled "no" when the statement does not reflect a condition present in your agency or when there is any doubt about it." All of the executives responded.

CHAPTER III

RESULTS AND DISCUSSION

Results

A summary of the results of the three stage test procedure is shown on the following pages. The features are presented in accordance with the eight divisions employed in the literature. The order of presentation within each division indicates the consensus of opinion of the panel of experts as to relative importance of each feature, i.e., features regarded as excellent are presented first in each division, and then in sequence those regarded as adequate, neutral and inadequate. The relative importance of each feature as indicated by its presence or absence in the set of 10 outstanding community speech and hearing centers is designated in the following manner: features present in a majority of the programs are designated by a single asterisk (*); features present in 90 percent of the programs are designated by a double asterisk (**); features present in all 10 (100%) are designated by a triple asterisk (***). The numbers in parentheses correspond to those in the first questionnaire.

Purposes - P

Excellent

The purposes of the agency are stated in its charter. (1) ***

The purposes of the agency are published and available for distribution in pamphlets, etc. (2) ***

The purposes of the agency were established by the board of directors.

The purposes are subscribed to by the administration of the agency. (4) ***

The purposes have been explained to the professional staff. (5) ***

The purposes of the agency have been published to the community. (7) **

The purposes as stated in the charter are consistent with the objectives of a community speech and hearing center. (8) ***

There are clearly defined short term goals (next 12 months) for the agency. (9) *

There are generally defined goals for the agency to guide it through the next two to three years. (10) **

There are generally defined long range goals to guide the agency through the next five to six years. (11)

There are clearly defined eligibility requirements for the agency's services. (13) ***

There is a clearly defined mechanism for the evaluation of the scope of the agency program by the board of directors. (14) *

There is a clearly defined mechanism for the evaluation of the scope of the agency program by the professional staff. (15) *

There is a specific time schedule for the evaluation of the scope of the agency program by the professional staff. (18)

Adequate

The purposes have been explained to the clients. (6)

There are clearly defined limitations on the agency's functions. (12) ***

There is a clearly defined mechanism for the evaluation of the scope of the agency program by the community. (16)

There is a specific time schedule for the evaluation of the scope of the agency program by the board of directors. (17)

There is a specific time schedule for the evaluation of the scope of the agency program by the community. (19)

Administration - A

Excellent

The agency is incorporated. (1) ***

There is a broadly based community board of directors. (2) **

There is a specific length of time which a board member may serve before rotating off the board. (3) *

A previous board member may be reelected to the board after being off for a specified period of time. (4) ***

A regular term for a board member is three years or less. (5) ***

There is an orientation program for new board members. (6) *

The duties of board members are defined in the agency by-laws. (7) ***

The duties of the officers are defined in the agency by-laws. (8) ***

There is an executive committee of the board. (9) ***

The board approves an annual budget. (10) ***

The board establishes personnel policies. (11) ***

The board has established a procedure for reviewing the effectiveness of the agency's program. (12)

The method for electing officers of the board is prescribed in the by-laws. (13) ***

The method for electing new members to the board is prescribed in the by-laws. (14) ***

Minutes are taken of all board meetings. (15) ***

The requirements for a quorum of the board is established in the by-laws. (16) ***

The agency has a full time executive. (18) ***

The board has established a job description for the executive. (19) **

The executive is responsible only to the board. (20) **

The executive attends all meetings of the board except when his personal status is in question. (21) ***

The executive attended the 1970 ASHA convention at agency expense. (24)

The agency executive attended the 1970 convention(s) of the state speech and hearing association at agency expense. (25)

The executive is a member of ASHA. *

Adequate

The rules of parliamentary procedures to be followed by the board are set forth in the agency by-laws. (17)

The executive attends all meetings of standing committees except when his personal status is in question. (23) *

The executive holds either the Certificate of Clinical Competence in Audiology or in Speech Pathology from ASHA. (26) *

The executive holds a Master's degree in either speech pathology or audiology. (28) *

Neutral

The executive is trained in a field other than speech pathology or audiology and is not a professional in these areas. (29)

Inadequate

The executive is a voting member of the board. (22)

The executive is a licensed physician. (30)

Fiscal Management - FM

Excellent

The agency utilizes one of the standardized accounting procedures for recording financial transactions. (1) ***

The financial position of the agency is reviewed by the board at least quarterly. (2) ***

Major revisions in the budget are approved by the board of directors. (3) ***

The agency charges for its services. (5) ***

Salaries for the professional staff are in keeping with the regional standards. (9) ***

Wages paid to the nonprofessional staff are in keeping with local wage scales. (10) ***

The agency develops an annual budget. (11) ***

There is an annual audit of the agency by an outside source. (12) ***

The outside audit is performed by a certified public accountant. (13) **

The agency maintains a capital funds account in addition to the operating account. (14) ***

Bills for services are sent out monthly. (15) **

The agency makes an adjustment in fees for those unable to pay the full fees. (18) ***

When an adjustment must be made in the fee schedule this is cleared with the executive or someone designated by him. (19) ***

Services are rendered by the agency without regard to the clients ability to pay. (20) **

The agency finished fiscal 1970 in the black without resorting to special funds or campaigns not anticipated in the 1970 budget. (21)

Adequate

The agency is a member of the United Appeal. (4) ***

The agency engages in independent fund raising. (6) *

The agency charges for missed appointments which were not cancelled in advance. (8)

Credit cards are accepted by the agency for payment of bills. (17)

Neutral

The agency charges for appointments which were cancelled 24 hours in advance. (7)

The agency utilizes the services of a collection agency for collecting unpaid accounts. (16)

Records and Reports - RR

Excellent

A central file is maintained on each client. (1) ***

Client records are available only to authorized personnel. (2) ***

Client records are maintained in locked files or in file rooms which may be locked. (3) ***

There is a check-out system in order to control the flow of client records. (4) ***

Client records are updated at specific time intervals. (5) *

Records are obtained from other agencies which have been involved with the client. (6) ***

Client records are issued to other agencies which are involved with the client. (7) ***

The client, his parents or guardian must authorize in writing the collection of data from other agencies. (8) ***

The client, his parents or guardian must authorize the release of data to other agencies. (9) **

The reports written by a professional staff member are read by the executive or a supervisor. (10) *

The agency employs a clinical supervisor in addition to the executive. (14) *

Minutes of agency board meetings are maintained from year to year. (15) ***

One person is responsible for the management of the total records system. (16) *

There is a record of every individual who has received services at the agency. (17) ***

Adequate

All client referrals to outside agencies are cleared through the executive or a supervisor. (12) *

Neutral

The reports written by a professional staff member are cosigned by the executive or supervisor. (11)

Inadequate

All referrals into the agency are made through a physician. (13)

Physical Facilities and Equipment - PFE

Excellent

The center is conveniently located for the majority of its clients. (1) **

The center is conveniently located for the majority of the referral agencies. (2) **

There is ample parking available at or near the facility. (4) *

The center is architecturally suitable for use by the physically handicapped. (5) ***

The facility was designed for its present use. (6) *

The facility is adequate for the agency's program at the present time. (7) *

The facility was adequate for the agency's program at the time of occupancy. (9) ***

The staff was consulted concerning the design of the facility. (10) *

The staff was consulted in selection of equipment (11) **

The facility meets all the legal requirements for design and construction. (12) ***

The facility is adequately equipped for its purpose. (13) ***

There are written disaster evacuation plans for the facility. (14) *

There is written evidence of an inspection by an authorized representative of the fire department within the past twelve (12) months. (16) **

Records of audiometric equipment calibration are available (18) **

Each new staff member is instructed in the operation of each piece of equipment which he will use. (19) ***

Staff members are checked out on the proper operation of each piece of equipment which he will use. (20) ***

There is adequate storage space in the facility. (21)

All equipment is in good repair at this moment. (22) ***

There is an adequate annual budget for the repair and replacement of equipment. (23) **

There is an annual budget for the purchase of new items of equipment (not replacement). (24) **

Major pieces of equipment are located conveniently to those who use them most frequently. (25) ***

Adequate

The center is conveniently located for the staff. (3) ***

A disaster evacuation drill has been held within the past twelve (12) months. (15)

Audiometric equipment is calibrated annually. (17) *

Community Relations - CR

Excellent

The agency actively participates in community planning for the handicapped. (1) ***

Reports and recommendations of such planning groups are reported to the professional staff of the agency. (2) **

The reports and recommendations of such planning groups are reported to the board of the agency. (3) **

The agency conducts an on-going public education program. (4) ***

The agency participates in regional or state planning for the handicapped. (8) **

Professional staff are members of their respective professional associations. (9) ***

The agency had a presentation on commercial television within the past twelve (12) months. (11) **

The agency is a member of the National Association of Hearing and Speech Agencies. (14) *

There has been at least one newspaper article dealing with the agency in the past three (3) months. (15) ***

The agency maintains a file or scrapbook of articles and pictures which have appeared concerning the agency or its personnel. (16) ***

Adequate

The agency publishes a newsletter or similar publication. (6) *

The agency has a speakers bureau. (7) *

Professional staff members are involved in the civic life of the community. (PTA, church groups, YMCA, etc.) (10) **

The agency had programming on educational television within the past twelve (12) months. (12)

The agency participates in National Better Hearing and Speech Month. (13) **

Neutral

The agency has a paid public relations representative. (5)

Professional Services - PS

Excellent

When the agency offers assistance in the selection of a hearing aid the minimal standards as set forth by ASHA are maintained. (1) ***

Caseloads are maintained at a level commensurate with a professional staff members training and experience. (2) ***

Caseloads are appropriate in relationship to the needs of the clients. (3) ***

The agency screens its clients through the use of available reports from referral sources and/or personal interviews. (4) ***

The agency adequately describes its services to prospective clients. (5) ***

Referrals are made to other agencies or professionals for services which the agency does not provide. (6) ***

Reports on clients are available to all members of the professional staff. (7) ***

The client's problem is discussed with the client, his parents or guardian. (8) ***

The financial arrangements are discussed with the client, his parents or guardian. (9) ***

A client's records adequately and accurately represent the therapy or other services he has received. (10) ***

The client's therapy program is discussed with the executive or a supervisor. (11) ***

The client's program is discussed with the client, his parents or guardian. (12) ***

Dismissal of a client is based on the recommendations of the clinician in charge. (13) *

After dismissal of a client by the agency there is a follow-up within six months unless another recommendation was made at the time of dismissal. (14)

Adequate

Student clinicians are used in the program of the agency. (15) *

Volunteers are given a training course by the agency. (17)

Volunteers are assigned to a supervisor and are directly responsible to that supervisor. (18) *

Neutral

Volunteers are used in the therapy program of the agency. (16)

Professional Personnel - PP

Excellent

All full time professional staff rendering speech therapy services in the agency program hold a Master's degree. (5) *

All full time professional staff rendering audiological services in the agency hold a Master's degree. (7) ***

All student trainees in speech pathology are under the direct supervision of an individual who is employed in the agency and holds the certificate of clinical competence in speech pathology. (9) ***

All student trainees in audiology in the agency are under the direct supervision of an individual employed in the agency who holds the certificate of clinical competence in audiology. (10) **

The agency has a regularly scheduled program of in-service training for professional staff at least once per month. (20) *

The agency maintains a professional library. (21) ***

The agency has an annual budget for professional library acquisition. (22) ***

The agency subscribes to all the journals published by ASHA. (23) ***

The agency has a personnel manual available to all professional staff members. (25) ***

The professional staff helped to formulate the personnel policies. (26) *

The personnel policies for the professional staff are reviewed by the professional staff annually. (27) *

There is an established method by which the professional staff may appeal a matter to the agency board. (28)

Adequate

All full time professional staff members rendering speech therapy services in the agency's program hold the certificate of clinical competence in speech pathology from ASHA. (1)

All part-time professional staff (15-30 hours per week) rendering speech therapy services hold the certificate of clinical competence in speech pathology from ASHA. (2)

All full time professional staff rendering audiological services in the agency's program hold the certificate of clinical competence in audiology from ASHA. (3) *

All part-time professional staff (15-30 hours per week) rendering audiological services in the agency program hold the certificate of clinical competence in audiology from ASHA. (4) *

All part-time professional staff rendering speech therapy services in the agency program hold a Master's degree. (6) *

All part-time professional staff (15-30 hours per week) rendering audiological services in the agency hold a Master's degree. (8) **

The agency sent all full time staff members (exclusive of the executive) to the 1970 ASHA convention at agency expense. (11)

The agency sent at least one professional staff member, exclusive of the executive, to the national convention of another allied association in 1970 such as the Council for Exceptional Children or American Association for Mental Deficiency. (13) *

The agency sent all professional staff members, exclusive of the executive, to the state speech and hearing association convention(s) in 1970 at total agency expense. (14)

The agency rewards additional formal education beyond the professional staff member's current degree by granting additional salary. (15)

The agency rewards additional formal education beyond the professional staff member's current status by promotion to a higher position or level. (16) *

The agency encourages additional formal education by granting time off during the normal clinic day. (17) *

The agency encourages additional formal education by granting time off during the summer. (18) *

The agency has a regularly scheduled program for in-service training of the professional staff at least twice per month. (19)

Neutral

The agency sent all part-time professional staff members to the 1970 ASHA convention at agency expense. (12)

Inadequate

The agency pays the professional dues of all the professional staff exclusive of the executive. (24)

Discussion

Study of the Relative Importance of Divisions

The researcher made no attempt to estimate the relative importance between divisions on the basis of data obtained in this study. Perhaps, an explanation for the absence of this kind of comparison should be given.

Inspection of the various categories indicate that they are not always mutually exclusive; for example, items such as P-2 "The purposes of the agency are published and are available for distribution in pamphlets, etc." and P-15 "The purposes have been explained to the clients" might fit equally well under the division entitled Community

Relations or under the division entitled Purposes. Similarly, feature A-2 "There is a broadly based community board of directors," is listed under Administration, but it would seem to be appropriate, also, to consider this feature under Public Relations. For this reason, no attempt has been made to count the number of features designated as excellent in any one of the divisions, for the purpose of comparing the count with one found under another division.

Designation of Key Features

The designation of key features is based on the consensus of opinion of the panel of experts regarding the relative importance of each feature and on the presence or absence of the feature in the set of 10 outstanding centers. The designation of key features, therefore, would appear to be a straight forward process; however, a designation, to some degree, is an arbitrary one. To be specific, it is possible to designate a feature as being a key one if it is viewed as excellent by the panel and is present in most of the outstanding community speech and hearing centers, but, here, is where the arbitrary decision must be made. Is it a key feature if it is found in a majority of the outstanding community speech and hearing centers, if it is found in 90% of the outstanding community speech and hearing centers or is it necessary that it be found in 100% of the centers?

This researcher has taken an arbitrary position and has defined key features as those features classed as excellent by the panel of experts and found at the present time in 90% or more of the 10 outstanding centers.

It is recognized that although a feature may have not been designated as a key one for the reason of being present in fewer than 90% of the 10 outstanding centers the importance assigned to it by the panel of experts would warrant its careful consideration.

Any of the features designated as key ones could be debated as to its importance in relation to existing local situations. The viewpoints contained in the list of key features may be helpful in that they represent the opinions of many individuals and reflect the practices of centers which have dealt with these same issues.

CHAPTER IV

SUMMARY

The purpose of this study was to develop criteria for the evaluation of strengths and weaknesses of community speech and hearing centers.

The researcher extracted from the professional literature a list of 173 features that had been designated as important in the functions and practices of community speech and hearing centers. Since it was observed that the features were usually grouped into eight major classifications in the literature, these classifications were utilized in arranging the features to be submitted to the panel of experts.

The determination as to which of the entire list of features were the key features was arrived at through a three step procedure.

First, the entire list of features was presented individually in the form of a questionnaire to a panel of 20 experts. The members of the panel were asked to indicate the importance of each feature through its designation on a five point scale (excellent, adequate, neutral, inadequate, unacceptable).

Second, after an initial inspection of the returns was made to determine the apparent consensus of opinions concerning the importance of each feature, the apparent consensus was reported

to each panel member by means of a second questionnaire and the member was asked to indicate if he agreed or disagreed with the apparent consensus.

On the basis of the returns from the second questionnaire the first estimate of the panel consensus was modified slightly so as to better reflect the opinions of the complete panel.

Finally, the viewpoint of the group of experts was tested empirically by requesting the executives of the 10 centers which had been selected as outstanding to indicate whether each of the features was present in the respective program at the present time.

The features which were eventually designated as key features were those that survived this three step procedure and were found to be present in the programs of nine or more of the 10 outstanding centers.

Two other groupings of features which did not survive the three step procedure are also summarized. These were the features that were originally designated as excellent but were not present in nine or more of the programs of the outstanding centers. The final group is composed of those features originally designated as adequate.

Key Features

Ninety-two features survived this procedure and were designated as key features.

Purposes - P

The purposes of the agency are stated in its charter.

The purposes of the agency are published and available for distribution in pamphlets, etc.

The purposes are subscribed to by the administration of the agency.

The purposes have been explained to the professional staff.

The purposes of the agency have been published to the community.

The purposes as stated in the charter are consistent with the objectives of a community speech and hearing center.

There are generally defined goals for the agency to guide it through the next two to three years.

There are clearly defined eligibility requirements for the agency's services.

Administration - A

The agency is incorporated.

There is a broadly based community board of directors.

A previous board member may be reelected to the board after being off for a specified period of time.

A regular term for a board member is three years or less.

The duties of board members are defined in the agency by-laws.

The duties of the officers are defined in the agency by-laws.

There is an executive committee of the board.

The board approves the annual budget.

The board establishes personnel policies.

The method for electing officers of the board is prescribed in the by-laws.

The method for electing new members to the board is prescribed in the by-laws.

Minutes are taken of all board meetings.

The requirements for a quorum of the board is established in the by-laws.

The agency has a full time executive.

The board has established a job description for the executive.

The executive is responsible only to the board.

The executive attends all meetings of the board except when his personal status is in question.

Fiscal Management - FM

The agency utilizes one of the standardized accounting procedures for recording financial transactions.

The financial position of the agency is reviewed by the board at least quarterly.

Major revisions in the budget are approved by the board of directors.

The agency charges for its services.

Salaries for the professional staff are in keeping with the regional standards.

Wages paid to the nonprofessional staff are in keeping with local wage scales.

The agency develops an annual budget.

There is an annual audit of the agency by an outside source.

The outside audit is performed by a certified public accountant.

The agency maintains a capital funds account in addition to the operating account.

Bills for services are sent out monthly.

The agency makes an adjustment in fees for those unable to pay the full fees.

When an adjustment must be made in the fee schedule this is cleared with the executive or someone designated by him.

Services are rendered by the agency without regard to the client's ability to pay.

Records and Reports - RR

A central file is maintained on each client.

Client records are available only to authorized personnel.

Client records are maintained in locked files or in file rooms which may be locked.

There is a check-out system in order to control the flow of client records.

Records are obtained from other agencies which have been involved with the client.

Client records are issued to other agencies which are involved with the client.

The client, his parents or guardian must authorize in writing the collection of data from other agencies.

The client, his parents or guardian must authorize the release of data to other agencies.

Minutes of agency board meetings are maintained from year to year.

There is a record of every individual who has received services at the agency.

Physical Facilities and Equipment - PFE

The center is conveniently located for the majority of its clients.

The center is conveniently located for the majority of the referral agencies.

The center is architecturally suitable for use by the physically handicapped.

The facility was adequate for the agency's program at the time of occupancy.

The staff was consulted in selection of equipment.

The facility meets all the legal requirements for design and construction.

The facility is adequately equipped for its purposes.

There is written evidence of an inspection by an authorized representative of the fire department within the past twelve (12) months.

Records of audiometric equipment calibration are available.

Each new staff member is instructed in the operation of each piece of equipment which he will use.

Staff members are checked out on the proper operation of each piece of equipment which he will use.

All equipment is in good repair at this moment.

There is an adequate annual budget for the repair and replacement of equipment.

There is an annual budget for the purchase of new items of equipment (not replacement).

Major pieces of equipment are located conveniently to those who use them most frequently.

Community Relations - CR

The agency actively participates in community planning for the handicapped.

Reports and recommendations of such planning groups are reported to the professional staff of the agency.

The reports and recommendations of such planning groups are reported to the board of the agency.

The agency conducts an on-going public education program.

The agency participates in regional or state planning for the handicapped.

Professional staff are members of their respective professional associations.

The agency had a presentation on commercial television within the past twelve (12) months.

There has been at least one newspaper article dealing with the agency in the past three (3) months.

The agency maintains a file or scrapbook or articles and pictures which have appeared concerning the agency or its personnel.

Professional Services - PS

When the agency offers assistance in the selection of a hearing aid the minimal standards as set forth by ASHA are maintained.

Caseloads are maintained at a level commensurate with a professional staff member's training and experience.

Caseloads are appropriate in relationship to the needs of the clients.

The agency screens its clients through the use of available reports from referral sources and/or personal interviews.

The agency adequately describes its services to prospective clients.

Referrals are made to other agencies or professions for services which the agency does not provide.

Reports on clients are available to all members of the professional staff.

The client's problem is discussed with the client, his parents or guardian.

The financial arrangements are discussed with the client, his parents or guardian.

A client's records adequately and accurately represent the therapy or other services he has received.

The client's therapy program is discussed with the executive or a supervisor.

The client's program is discussed with the client, his parents or guardian.

Professional Personnel - PP

All full time professional staff rendering audiological services in the agency hold a Master's degree.

All student trainees in speech pathology are under the direct supervision of an individual who is employed in the agency and holds the certificate of clinical competence in speech pathology.

All student trainees in audiology in the agency are under the direct supervision of an individual employed in the agency who holds the certificate of clinical competence in audiology.

The agency maintains a professional library.

The agency has an annual budget for professional library acquisition.

The agency subscribes to all the journals published by ASHA.

The agency has a personnel manual available to all professional staff members.

Important Features

Thirty-three additional features were designated by the panel of experts as representing standards which were excellent; however, these did not survive the final test of being present in the programs of at least nine of the 10 outstanding centers. These factors are felt to be important in an agency program but are not considered to be key features.

Purposes - P

The purposes of the agency were established by the board of directors.

There are clearly defined short term goals (next 12 months) for the agency.

There are generally defined long range goals to guide the agency through the next five to six years.

There is a clearly defined mechanism for the evaluation of the scope of the agency program by the board of directors.

There is a clearly defined mechanism for the evaluation of the scope of the agency program by the professional staff.

There is a specific time schedule for the evaluation of the scope of the agency program by the professional staff.

Administration - A

There is a specific length of time which a board member may serve before rotating off the board.

There is an orientation program for new board members.

The board has established a procedure for reviewing the effectiveness of the agency's program.

The executive attended the 1970 ASHA convention at agency expense.

The agency executive attended the 1970 convention(s) of the state speech and hearing association at agency expense.

The executive is a member of ASHA.

The executive holds a Master's degree in either speech pathology or audiology.

Fiscal Management - FM

The agency finished fiscal 1970 in the black without resorting to special funds or campaigns not anticipated in the 1970 budget.

Records and Reports - RR

Client records are updated at specific time intervals.

The reports written by a professional staff member are read by the executive or a supervisor.

The agency employs a clinical supervisor in addition to the executive.

One person is responsible for the management of the total records system.

Physical Facilities and Equipment - PFE

There is ample parking available at or near the facility.

The facility was designed for its present use.

The facility is adequate for the agency's program at the present time.

The staff was consulted concerning the design of the facility.

There are written disaster evacuation plans for the facility.

There is adequate storage space in the facility.

Audiometric equipment is calibrated annually.

Community Relations - CR

The agency is a member of the National Association of Hearing and Speech Agencies.

Professional Services - PS

Dismissal of a client is based on the recommendations of the clinician in charge.

After dismissal of a client by the agency there is a follow-up within six months unless another recommendation was made at the time of dismissal.

Professional Personnel - PP

All full time professional staff rendering speech therapy services in the agency program hold a Master's degree.

The agency has a regularly scheduled program of in-service training for professional staff at least once per month.

The professional staff helped to formulate the personnel policies.

The personnel policies for the professional staff are reviewed by the professional staff annually.

There is an established method by which the professional staff may appeal a matter to the agency board.

Adequate Features

Thirty-seven features were designated as adequate by the panel of experts. These are felt to represent further evidence of the worth of the agency program; however, they do not have the importance of the key features or the important features.

Purposes - P

The purposes have been explained to the clients.

There are clearly defined limitations on the agency's functions.

There is a clearly defined mechanism for the evaluation of the scope of the agency program by the community.

There is a specific time schedule for the evaluation of the scope of the agency program by the board of directors.

There is a specific time schedule for the evaluation of the scope of the agency program by the community.

Administration - A

The rules of parliamentary procedures to be followed by the board are set forth in the agency by-laws.

The executive attends all meetings of standing committees except when his personal status is in question.

The executive holds either the Certificate of Clinical Competence in Audiology or in Speech Pathology from ASHA.

Fiscal Management - FM

The agency is a member of the United Appeal.

The agency engages in independent fund raising.

The agency charges for missed appointments which were not cancelled in advance.

Credit cards are accepted by the agency for payment of bills.

The agency utilizes the services of a collection agency for collecting unpaid accounts.

Records and Reports - RR

All client referrals to outside agencies are cleared through the executive or a supervisor.

Physical Facilities and Equipment - PFE

The center is conveniently located for the staff.

A disaster evacuation drill has been held within the past twelve (12) months.

Community Relations - CR

The agency publishes a newsletter or similar publication.

The agency has a speakers bureau.

Professional staff members are involved in the civic life of the community. (PTA, church groups, YMCA, etc.)

The agency had programming on educational television within the past twelve (12) months.

The agency participates in National Better Hearing and Speech month.

Professional Services - PS

Student clinicians are used in the program for the agency.

Volunteers are given a training course by the agency.

Volunteers are assigned to a supervisor and are directly responsible to that supervisor.

Professional Personnel - PP

All full time professional staff members rendering speech therapy services in the agency's program hold the certificate of clinical competence in speech pathology from ASHA.

All part-time professional staff (15-30 hours per week) rendering speech therapy services hold the certificate of clinical competence in speech pathology from ASHA.

All full time professional staff rendering audiological services in the agency's program hold the certificate of clinical competence in audiology from ASHA.

All part-time professional staff (15-30 hours per week) rendering audiological services in the agency program held the certificate of clinical competence in audiology from ASHA.

All part-time professional staff rendering speech therapy services in the agency program hold a Master's degree.

All part-time professional staff (15-30 hours per week) rendering audiological services in the agency hold a Master's degree.

The agency sent at least one professional staff member, exclusive of the executive, to the national convention of another allied association in 1970 such as the Council for Exceptional Children or American Association for Mental Deficiency.

The agency sent all professional staff members, exclusive of the executive, to the state speech and hearing association convention(s) in 1970 at total agency expense.

The agency rewards additional formal education beyond the professional staff member's current degree by granting additional salary.

The agency rewards additional formal education beyond the professional staff member's current status by promotion to a higher position or level.

The agency encourages additional formal education by granting time off during the normal clinic day.

The agency encourages additional formal education by granting time off during the summer.

The agency has a regularly scheduled program for in-service training of the professional staff at least twice per month.

Face Validity

The results thus far indicate that the instrument measures what it is designed to measure. All of the 10 outstanding agencies as selected by executives indicated that 70 percent or more of the features identified as key features or excellent features are already a part of current practices or procedures. Seven of the centers have been accredited by ASHA and three have been accredited by CARF ("Accredited Programs...", 1971). One not holding either of these has been licensed by the New York State Board of Health as an out-of-hospital health facility. Two of the centers have been cited as "among the best" in a book describing 22 of the most outstanding facilities for special education in the United States (Jones, 1968).

Supplementary Contributions of the Study

A group of outstanding CSHC have been identified which can serve as models for other agencies. Since the agencies selected are distributed fairly evenly across the country (eight of the 10 federal regions are represented) their accessibility should be of benefit to agencies wishing to upgrade their programs.

In addition to the 10 centers 20 people were identified as best qualified to make judgments concerning the programs of community speech and hearing centers. Since the geographical distribution of these "experts" is fairly even across the country (eight of the 10 federal regions are represented) an agency needing assistance from a consultant familiar with community programs should be able to obtain it without experiencing unusual difficulty.

Finally, the utilization of a panel of experts composed of a relatively small number of knowledgeable individuals in the field for purposes of program evaluation was suggested by Renzulli (1966) and supported by McDuffie (1969). The results of this study lend added support to this procedure.

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APPENDIX

American Speech and Hearing Association
9030 Old Georgetown Road
Washington, D. C. 20014

October 25, 1969

TO: Directors of Speech and Hearing Service Programs

FROM: John J. O'Neill, President, American Speech and Hearing Association

This is a report to Directors of speech and hearing service programs -- to bring you up-to-date on the progress of the Professional Services Board registration program and to answer some questions that have been asked.

Since the announcement of the "Interim Standards" program in April of this year, some 190 new applications have been received in the ASHA National Office. This overwhelming response has brought the total number of applications received for registration under the PSB program to over 250. The Board is working as rapidly as possible to process these applications and the backlog is rapidly being cleared.

In addition to processing applications, the Professional Services Board is developing responses to a number of questions about present and future policy. For example, Interim Standards registration has thus far been available only to non-profit agencies. However, a number of private-practice groups and clinics are interested in applying, and the Board has solicited recommendations from the Committee on Private Practice and other Association groups as to whether policy should be changed to permit this. Another question was raised concerning registration of service programs which are operated as components of college or university training programs. Here, the Board has decided to extend Interim Standards registration wherever it can be demonstrated that the program provides significant service to the community, and otherwise meets PSB requirements for the service aspects of the program.

A number of other procedural matters are being considered, some of them not anticipated when the Interim Standards program was launched. Every effort will be made to inform all agency directors of developments as they occur.

* * *

Recent criticism directed at the Association may be another issue of interest to you. From time to time in the history of ASHA, criticism has been directed at the Association by groups which claim we are not "cooperative." Frequently such criticism of ASHA is raised by groups which seek control or partial control of one or more of our standards programs. For example, in the early sixties we had a rather sharp conflict with a group of medical specialists who desired that speech pathologists and audiologists function as one of their subspecialties. Their desire to control our standards was rejected. Likewise the Association successfully resisted efforts by both the American Medical Association and a national education organization to block our recognition by the National Commission on Accrediting and to obtain a degree of control over our accreditation activities for Master's Degree programs. Although ASHA members by national referendum authorized the establishment of the whole ABESPA program ten years ago, the National Association of Hearing and Speech Agencies has recently sought to assume partial control of this program and now proposes to establish its own standards for clinical services in our field under the auspices of the Joint Commission for Accreditation of Hospitals, an organization controlled by the American Medical Association and the American Hospital Association.

ASHA's position in regard to its professional standards programs has been well

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stated by former HEW Secretary Wilbur Cohen in a document transmitted to the Honorable John W. McCormack Speaker of the House of Representatives. Secretary Cohen states, "Speech Pathologists and Audiologists accept professional supervision and direction (as contrasted with administrative direction) only from those qualified within their own discipline, and assume full ethical and legal responsibility for their own professional conduct and the welfare of their clients."

ASHA has held to the position that ours is an independent profession, and that the members of the profession are themselves responsible for the professional standards in this field. These standards include those established for individuals, for education and training programs, and for clinical service centers.

ASHA believes that this profession's fundamental responsibility is to insure the best possible services for those needing our services. This responsibility is being met in part through our 20 year old clinical certification program for individuals, our Education and Training Board program, our Professional Services Board program, and through the advocacy and enforcement of a Code of Ethics. These programs have been established in the public interest, and the independent character of this field does not suggest we can responsibly share this task with lay, commercial or allied professional groups. We believe that these standards programs should be directed and managed by professional persons who themselves have met the standards and that the ultimate responsibility for these programs should be held by members of the profession elected by the membership.

ASHA has made, and the record can be documented clearly and adequately, substantial efforts to cooperate with other organizations. The highly effective activities of our Joint Committee on Audiology and Education of the Deaf and our Joint Committee on Dentistry and Speech Pathology are examples of such cooperative efforts. Members of ASHA certainly recognize the essential need to cooperate with all other professional groups and individuals in working with the communicatively handicapped and to participate in interdisciplinary and community activities to facilitate the delivery of services. Further, ASHA desires to cooperate with all groups which respect the independent character of this field and the responsibility of the members of this profession to establish standards in the public interest. But the Association's Executive Board and Legislative Council clearly cannot participate in the bargaining away of this profession's responsibilities and have neither the authority nor the desire to acquiesce in actions they feel are potentially detrimental to both the profession and the public interest.

* * *

Another criticism has been raised by some strong supporters of ASHA standards. This criticism is that the Interim Standards of the Professional Services Board represent a lowering of previous standards. The fact is that there has been no change whatsoever in the PSB standards for full registration. Programs receiving "Interim Standards" approval are recognized as meeting at least minimal standards necessary for providing professional services, and, most important, are identified as being committed to self-evaluation and self-improvement. All registered programs recognize and accept the obligation to work toward achieving the highest possible level of professional service. Many "Interim Standards" programs would qualify now or in the near future for full registration under the current standards. Others will require time, and perhaps assistance, to solve problems which now limit some aspects of their programs. Accrediting organizations generally recognize the real need for a kind of provisional or interim category, and agencies achieving such status are certainly not identified as "substandard" in any sense. They are simply

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identified as meeting an initial set of requirements, and as being in the process of demonstrating their ability to meet the full requirements established by their professional associates. This is a positive and constructive process. The criticism that ASHA has "drastically lowered standards" stems from a misunderstanding of the purposes of accreditation, and unfairly questions the integrity and professional responsibility of the many programs now involved -- or soon to be involved -- in the PSB program.

* * *

There has also been some confusion, apparently, about the matter of "third-party" payments. The fact is that, at the present time, the ASHA Certificate of Clinical Competence is the only recognized national certification for individuals in the field of speech pathology and audiology, and is accepted as evidence of eligibility for participation in both the Medicare and Medicaid programs -- the major programs involving "third-party" payments. Similarly, accreditation by the Education and Training Board of ABESPA is the only national accreditation program for training in the field of speech pathology and audiology and is recognized by governmental agencies such as the Rehabilitation Services Administration, the Children's Bureau, and the Office of Education. However, at the present time none of the federal programs responsible for regulating "third-party" payments have recognized any national registration or accreditation authority for service programs or agencies in the field of speech pathology or audiology. Program directors should not be misled into thinking that official governmental recognition of such an accreditation authority is imminent, or even being seriously proposed at this time. If the time does come when speech and hearing agencies will be able to establish eligibility for "third-party" payments through a national registration or accreditation program, it is reasonable to assume that PSB registration will be accepted as evidence of eligibility in exactly the same way that our other standards programs are now recognized by these same governmental agencies. ASHA will continue to work closely with federal program representatives toward this objective.

* * *

As a final note, we wish to call your attention to the OPEN FORUM on PSB that is scheduled for the Annual Convention in Chicago in November. It will be held from 3:30 to 5:00 p.m. on Tuesday, November 11, 1969 in the Beverly Room at the Chicago Hilton. Tuesday is actually the day before the Convention officially opens, and we hope that those of you who do have questions or wish to obtain more information about PSB can arrange to come early and attend this forum.

* * *

Meanwhile, we urge that all eligible speech and hearing programs submit applications for registration under the Professional Services Board program of the American Speech and Hearing Association. Applications under the current standards are accepted at any time. The deadline for submission of applications under the Interim Standards is April 1, 1970.

Full information, and application forms if you do not now have them, can be obtained by contacting:

Professional Services Board
American Speech and Hearing Association
9030 Old Georgetown Road
Washington, D. C. 20014

Phone: Area Code 301/530-3400



NATIONAL ASSOCIATION OF HEARING & SPEECH AGENCIES

919 18th STREET, N.W., WASHINGTON, D.C. 20006

(202) 296-3844

MEMORANDUM

=====

TO: Directors of Speech and Hearing Service Programs
FROM: Ray Seitz, Chairman, NAHSA Committee on Standards
DATE: November 3, 1969

A few days ago most of you, as I, received a memorandum dated October 25, 1969, from John J. O'Neill, President of ASHA, regarding the Professional Services Board registration program and the accreditation program for hearing and speech service programs currently being sponsored by NAHSA.

As a member of both organizations, I am fully aware of the implications of PSB registration as well as the new program of accreditation being sponsored by NAHSA. Thus, after reading and considering the several implications in John O'Neill's memorandum, I felt obliged as a member of both organizations to set the record straight. Needless to say, I do not intend to do this by debating via the mail with Dr. O'Neill..... rather, I will simply state some of the philosophy and activities of NAHSA as it has pursued the development of an accreditation program for hearing and speech service programs.

Initially, it should be stated that development of accreditation programs for service-to-people movements in this country have been established on the basis of a joint system (usually a commission) in order to prevent influence or control of this separate body by any single force or organization within a field of service. The agencies or institutions to be accredited usually are the prime movers in seeking the establishment of an accreditation program. In order to provide for reasonable consideration of the total structure and program of an agency, including the professional practices involved, organizations representing the various professional disciplines working in a service program also are invited as participants and sponsors of the accreditation process. Then as an accreditation program is being developed, it is either established within the framework of an existing, nationally-recognized accrediting body or a new commission is established by the sponsoring organizations which is completely separate in terms of housing, influence and other particulars as far as any single sponsoring group or organization is concerned. Hospitals, nursing homes, extended care facilities, rehabilitation facilities, sheltered workshops and other service-to-people organizations in the United States have handled their accreditation programs in this manner.

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Early in 1966, NAHSA became aware that the Joint Commission on Accreditation of Hospitals in Chicago, which had expanded the availability and competency of its professional accrediting staff, was opening its doors to other groups desirous of developing accreditation programs separate from their own immediate sphere of influence. Thus, during that year and with the approval of its Board of Directors, the NAHSA staff and Committee on Admissions and Standards began to explore the establishment of an accreditation program for hearing and speech service programs which would be put in the hands of a professional accrediting group and handled in a professional manner similar to the accreditation programs of other service-to-people movements. During this exploratory period, some thought, frankly, was given to the possibility of NAHSA establishing such an accreditation program within its own offices. This thought quickly dissipated, however, with the recognition that the need within the field was for a program that could be housed with a group of professionals in accreditation, separated from any parochial or proprietary jurisdictions such as ASHA, NAHSA, or related organizations.

In an ASHA-NAHSA Liaison Committee Meeting on December 14, 1967..... Jack Bangs, Leo Doerfler and Ken Johnson representing ASHA; Ned Dexter, Clyde Mott and Tom Coleman representing NAHSA.....the decision of NAHSA to pursue the possibility of a joint accreditation program for service programs was reviewed and ASHA was extended an invitation to join with NAHSA and other to-be-selected organizations in the sponsorship of such a program. The invitation was turned down. Nevertheless, the Board of Directors of NAHSA, supported by a majority of its member agencies, decided to pursue the establishment of a system of accreditation for hearing and speech service programs to be housed with a separate accrediting organization.

Since that time, the Committee on Admissions and Standards of NAHSA..... composed entirely of members of ASHA and including some holding PSB registration for their own agencies.....has worked with the professional staff of the Commission on Accreditation of Rehabilitation Facilities (which is housed within the Joint Commission on Accreditation of Hospitals) towards the establishment of the accreditation program.. Despite the fact that the work of this committee has been sponsored and financed to date solely by NAHSA, the door has remained open to ASHA for participation as a sponsor of the accreditation program. In fact, the door remains open at this moment to ASHA and other appropriate organizations.

For those of you who will be attending the ASHA meeting in Chicago next week.....and particularly the open forum on PSB scheduled from 3:30 to 5:00 on Tuesday, November 11, in the Beverly Room of the Chicago Hilton.....I should like to offer the following statements of fact for your consideration:

1. The accepted approach to accreditation of service programs throughout the United States is through a separate commission on accreditation, usually sponsored jointly by the national associations repre-

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senting the agencies and/or institutions and the various professional disciplines involved. This type of approach has been found acceptable and currently is being used by hospitals, nursing homes, extended care facilities, rehabilitation facilities and other service-to-people programs, agencies and institutions.

2. This type of accreditation has been accepted by various third-party interests, including governmental agencies, insurance companies and other interests.
3. The accreditation program currently being sponsored by NAHSA, and for which ASHA has been offered co-sponsorship, is in keeping with those accreditation programs for service areas that currently are recognized throughout the United States.
4. Present plans call for the accreditation process for hearing and speech service programs to be housed with the Commission on Accreditation of Rehabilitation Facilities in Chicago, which in turn is housed with the Joint Commission on Accreditation of Hospitals. Contrary to the inferences in the memorandum you received on October 25.....there is no possibility of control of this program by the American Medical Association or the American Hospital Association.
5. The CAS Committee has developed the standards for accreditation with recognition of the fact that hearing and speech service programs in varying degrees do not consist only of audiology and speech pathology but rather are complex and may involve the professional practices of many other disciplines as well as administrative, fiscal, and community responsibilities and policies well beyond the professions of audiology and speech pathology. This, coupled with recognition that ASHA's professional competency is limited to the areas of audiology and speech pathology, has committed the committee as well as the Board of Directors of NAHSA to development of the present accreditation program which provides opportunity for approval of the standards by other appropriate disciplines and organizations.
6. The accreditation program being sponsored by NAHSA will provide opportunities for accreditation of hearing and speech service programs whether or not they are involved in practices considered to be in the clinical specialties of audiology and/or speech pathology.
7. Contrary to inferences in the memorandum of October 25.....NAHSA does not seek to assume partial control of the ABESPA program but rather is sponsoring establishment of an accreditation program for which co-sponsorship is open to other appropriate organizations, including ASHA. This will limit vested control by any single interest.

There are many other positive aspects to the accreditation program for

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which times does not permit coverage in this memo. Thus, in closing, I should like to urge that you contact me via phone at (401)751-3113 this week or at the Allerton Hotel in Chicago beginning Monday, November 10, if you have any questions regarding this matter.

RS:sds

New York League for the Hard of Hearing

71 West 23 Street • New York, N.Y. 10010 • (212) 924-3230

April 27, 1970

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Mr. Mitchell Carnell, Director
Charleston Speech & Hearing Clinic
Charleston, South Carolina

Dear Mr. Carnell:

Indeed, it was good to meet you personally in San Francisco. And, I do hope our participation in this research will add information to the professional literature--in ultimate service to the hearing impaired.

I have taken the liberty of making a couple of comments about some of our answers. Since you have narrowed the study down to ten centers, I'm sure the addendum will not add laborious reading! Actually, I had one of my senior staff members "blind" answer the questionnaire, and our correlated responses (without having worked out a Pearson r) would have been over .99, I'm sure. But, we both felt that the questionnaire was meant for a speech and hearing clinic primarily. Since ours is a full service agency, taking ages from birth through death, for medicine, social work, psychology and psychotherapy, research, auditory training, etc., I felt we owed you an explanation on some of our answers which might otherwise appear inconsistent.

Pg. 3, No. 20 The executive attends all meetings of the Board no matter what is in question. If his own status is in question such status will be settled long before the full business of the Corporation is brought to the trustees.

Pg. 3, No. 25 The executive attends all meetings of the standing committees without exception. His personal status would be handled by a special committee appointed by the President of the League. Such a committee has only been formed three times in sixty years.

Pg. 3, No. 28. The executive is trained through the doctorate in psychology. He does consider himself a specialist in language development which is the prime purpose of speech therapy at our agency. We accept no cases for speech work alone. But, he is not trained in audiology or speech pathology in the A.S.H.A. limited sense of the terms.

Mr. Carnell

pg. 2

Pg. 4, No. 13. Several people can reduce a fee, depending on the type of fee. On-going service is adjusted by the Social Worker in Family Budget Planning, and then passed on to the Business Manager. One-shot fees are generally reduced by the head of a department.

Pg. 4, No. 18. We do not charge for missed appointments, but we will not accept an appointment from the same person unless fee is paid in advance. And, evening and Saturday fees are payable in advance since the business office is closed at those times.

Pg. 4, No. 19. Our newly elected Treasurer is the Controller of American Express Company. Credit cards are on the way!

Pg. 6, No. 16. Reports are cosigned if the person is clearly working under supervision (someone working toward C.C.C., American Council on Social Work, etc.) . . . otherwise, the professional signs his own reports and the head of a department monitors all work. The volume is too great to sign each report (and unnecessary if we have professionals on staff).

Pg. 7, No. 24. Audiometric equipment is calibrated daily. An audiometer not calibrated at least monthly is unreliable in general; in N.Y.C. about once a week is right. We do it daily.

Pg. 8, No. 11. We have asked them for time, but our NYC ed. channel thinks granting such time is tantamount to fund raising and they are a fund raising outfit. So, we don't get on. We get a better deal from NBC, CBS, ABC, MUTUAL, METROMEDIA, RKO, AND NEWS SERVICE SYNDICATE.

Pg. 8, No. 6. This is a technical "yes", but we hate to refer. Not that we are smug, but we feel that the hearing impaired man who is referred is often referred to a place with less than ideal surrounding for hearing. So, we try to do it all under one roof. Referral is generally rare; but, cooperation with and arranging services with schools, etc., is common and our better eared staff is asked to do the work.

Pg. 9, No. 13. There is no dismissal. If a problem of a behavioral nature, we'll have the psychological staff develop some behavior modification. But, cases are not dismissed since hearing loss doesn't leave off if dismissal can be translated that way.

Pg. 9, No. 15. We have training contracts with NYU, Columbia, and CCNY, but each students schedule is special and is not considered before a master clinician's schedule is set. Only after such a schedule is fixed is the student worked in.

Pg. 9, No. 18. Some of our volunteers are certified in speech and hearing, Ph.D. in clinical psycho., and one who has no degree wrote the most widely used textbook in lip-reading--so they really worked us professionals in as time went by and they've learned to tolerate us!

Pg. 10, No. 9. The manual has been written and is presently under review by a committee of our Board.

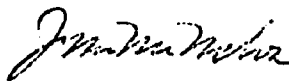
Pg. 10, No. 12. Since the heads of departments make final decisions for hiring and firing (as is commensurate with A.S.H.A. rules in Speech and Audiology), there is a procedure for me to review grievances. The Board vested that power in me, so personnel problems rarely get beyond a) the department head and b) me. . . but there are exceptions, and the procedure is through me.

Mr. Carnell

So, I do hope these comments will be of help. Please accept our remarks in the light of thoroughness as we intended, and not in the light of smugness as it may appear (as I read these over!!!).

Best personal wishes.

Yours, very cordially,



James McMahon
Administrator

JMH/st
enclosure

AUTOBIOGRAPHY

C. Mitchell Carnell, Jr. was born in Woodruff, South Carolina on April 27, 1934. He attended the public schools of Woodruff and was graduated by Woodruff High School.

He attended Mars Hill College in Mars Hill, North Carolina and received his B.A. from Furman University in 1956.

He attended the University of Alabama on a graduate assistantship and received his M.A. in June, 1958. During the summer of that year he was a member of the speech clinic staff at the University of Alabama.

In September, 1958 he became an instructor of speech at Furman University and in the summer of 1959, while continuing to teach, served as acting director of the Greenville, S. C. United Speech and Hearing Center.

In 1959 he was a speech clinician with the Wheeling, West Virginia Society for Crippled Children.

In 1960 he became chief speech pathologist at the Cerebral Palsy Association of Greater Baton Rouge and in 1961 he entered the doctoral program in the Department of Speech at Louisiana State University on a part-time basis.

Since 1964 he has been director of the Charleston, South Carolina Speech and Hearing Clinic, Inc., and a Clinical Associate in Speech at the Medical University of South Carolina.

During 1969-70 and 1970-71 he served as president of the South Carolina Speech and Hearing Association.

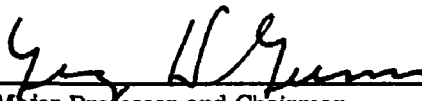
EXAMINATION AND THESIS REPORT

Candidate: C. Mitchell Carnell, Jr.

Major Field: Speech

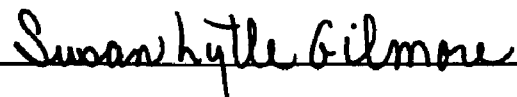
Title of Thesis: Criteria for the Evaluation of the Strengths and Weaknesses of
Community Speech and Hearing Centers

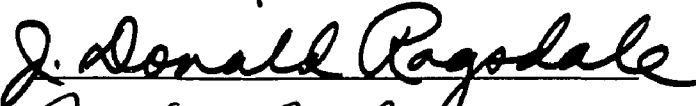
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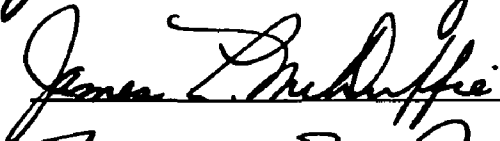

Major Professor and Chairman


Dean of the Graduate School

EXAMINING COMMITTEE:









Date of Examination:

May 10, 1972
